OVELLA – HEALTH –

Better Bone Health

Patient Guide · Kelly Baxter, MD · Ovella Health

Your bones are living tissue — built and broken down every day. Smart habits now compound for life.

Why bone health matters

1 in 2	**30%**	**20–30%**
women over 50 in the US will have a fragility fracture	of women already have osteoporosis by age 65	of hip-fracture patients die within a year

Are you at higher risk?

More risk factors→stronger reason to be proactive about screening and lifestyle.

Things you can't change

- Female sex and increasing age
- Family history of osteoporosis or hip fracture
- Early or surgical menopause
- Low BMI / smaller body frame
- White or Asian ancestry
- Prior low-trauma fracture as an adult

Things you can influence

- Nutrition (calcium, Vit D, Mg, protein)
- Muscle mass, strength training, balance, and more
- Hormones (estrogen, testosterone, thyroid, and others)
- Smoking, excess alcohol, excess caffeine
- Certain medications (review with clinician)
- Fall risk: vision, balance, home safety

Conditions & medications that thin bone

Conditions: Diabetes · menopause / low estrogen · rheumatoid arthritis · hyperthyroidism · hyperparathyroidism · celiac, IBD, malabsorption · chronic kidney · liver disease · eating disorders.

Medications: glucocorticoids ≥3 months · aromatase inhibitors · GnRH agonists · PPIs · SSRIs · Depo-Provera · excess thyroid hormone · some chemo · anticonvulsants · lithium.

Don't stop any medication on your own — discuss this list with your clinician.

The 4 pillars of bone health

01 Move	02 Nourish	03 Hormones	04 Screen & plan
• Strength training 2–3×/week • Weight-bearing most days • Balance & posture work • Jumping/hopping work	• Calcium and magnesium rich foods • Vitamin D • Protein	• Estrogen is queen for bone • Hormone therapy is FDA-approved for prevention • Start early and don't stop unless indicated	• DEXA baseline screen 40-50's • FRAX 10-year fracture risk • Recheck on a personalized cadence

Daily nutrition targets

Calcium	Vitamin D	Protein	Magnesium
1,000–1,200 mg	**800–4k IU**	**1.2-1.6 g/kg**	**320–420 mg**
per day	*per day*	*per day*	*per day*

Where to find calcium (food first, avoid high dose supplementation)

Plain yogurt,1 cup	**300–400 mg**	Cooked kale or collards, 1 cup	**180 mg**
Milk / fortified soy or oat milk, 1 cup	**300 mg**	Almonds, 1 oz (~23 nuts)	**75 mg**
Tofu (calcium varies, check label), 4 oz	**350-860 mg**	White beans, ½ cup	**70 mg**
Sardines with bones, 3 oz	**325 mg**	Broccoli, ½ cup cooked	**30 mg**

Aim for~3 calcium-rich foods/day to hit your target.Add a supplement only if you can't reach it through food & after talking to your clinician.

Easy on the bones — moderation matters

Salt	Aim for < 2,300 mg/day;cook from whole foods.
Caffeine	Keep to ≤ 2–3 cups of coffee per day.
Alcohol	Limit to ≤ 1 drink/day; have alcohol-free days.
Tobacco	Quitting helps at any age— ask clinician for support.

Screening: when to ask about a DEXA

Who should be screened

- All women age 65+
- Postmenopausal women < 65 with ≥ 1 risk factor
- Any adult with a fracture after age 50
- Long-term steroids or other bone-thinning meds
- At Ovella, we often screen women starting in their 40's-50's

What your T-score means

T-score ≥ −1.0 Normal

T-score −1.0 to −2.5 Low bone mass (osteopenia)

T-score ≤ −2.5 Osteoporosis

FRAX (10-year fracture risk) helps individualize the plan.

Example action plan

Today	Walk 20–30 min — add hills or stairs.
This week	Add in 2 days of jumping/hoping exercises per week
This week	Make a plan to start strength training- trainer, PT, other individualized plan with supervision
This month	Track calcium and protein for a week, supplement key nutrients if needed
This month	Review meds, alcohol & caffeine with your clinician. Confirm vitamin D level; goal >30ng/ml
Next visit	Ask about DEXA scan to find out about baseline bone density if not already done

At Ovella Health: screening + strength + nutrition + hormones + lifestyle.

Your bones don't wait until 65 — why should your screening?

Key references

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