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Barriers to physical activity for bone health



Barriers that may hinder Physical Activity in Bone Health promotion and tips on how to address them

A critical factor in preventing osteoporosis, or improving our bone health, is physical activity. The type of physical activity that is most beneficial includes weight-bearing activities with impact and muscle strengthening exercises. Although the Royal Osteoporosis Physical Activity Guidelines 2018 are simple and include a relatively manageable exercise plan, there are many reasons why people, mainly women, find it difficult to include such activities into their weekly exercise programme or lifestyle.

After having a baby one in 3 women has urinary incontinence, one in 4 faecal incontinence and one in 10 a degree of prolapse. Most women initially try to manage the symptoms of these conditions by reducing their activity levels, especially higher impact weight bearing exercise.

As we age and move into perimenopause and menopause, such symptoms are magnified further by the loss of oestrogen. This leads to a further decrease in activity levels, at a critical time when muscle and bone loss are occurring at a rapid rate.

Current recommendations (NICE guidelines, NG123, 2019) for managing both incontinence and prolapse, include individualised assessment and treatment, by a Chartered Physiotherapist specialising in Pelvic Health. As part of a woman's rehabilitation, alongside pelvic floor training, we teach her how to include strengthening and impact exercises, perhaps with some modifications, into their exercise routine and daily lives. There is a much longer list of "dos" than "donts" when it comes to physical activity.



Another barrier we must recognize is that guidelines for physical activity during pregnancy and postpartum have, until recently, been very vague. Most women don't know what is safe, appropriate or beneficial to do. If there is any confusion, usually the outcome is avoidance of the activity. There are now some fantastic resources such as the American College of Obs and Gynae, 2020 and the Canadian Guidelines for Physical Activity in Pregnancy 2019 and the Return to Running Post Natal Guidelines, 2020.

This is something overlooked by many, or seen as insignificant, but not wearing the correct supportive clothing can be a barrier to exercise. In a study by Burner et al, 2015, on female participation in sport, 17% of females felt their breasts (weight and pain) were a barrier to physical activity. Advising women on posture and suitable support is a key component in returning to or maintaining impact exercises.

For both men and women... do we all know how to do a goblet squat or use the snazzy equipment in a gym? No is the simple answer! Simply having someone guide you through a programme that is bespoke to your posture, current level of ability and any physical limitations you have would certainly reduce some of the fear of the unknown. Physiotherapists are experts in assessing body biomechanics and exercise prescription, so are often best placed to start you on your initial "dip of the toe" into your exercise plan.

Pain is an extremely common barrier to physical activity. Did you know that joint pain is one of the most common symptoms of menopause? As our oestrogen levels drop, the lubrication in our joints is affected, resulting in joint pain. If you are at this stage of your life and affected by otherwise unexplained joint pain, it might be worthwhile discussing some treatment options such as hormone replacement therapy (HRT) with your GP or medical practitioner.



Another factor that influences pain, particularly in the lower limbs, is being overweight. Again, consult with your medical practitioner, but losing some weight, be it through diet and non-weightbearing cardiovascular exercise, could be your starting point and then as able start adding in the impact and strengthening.

There is one final consideration when it comes to pain limiting our physical activity. You should not have any awareness of pain or discomfort in your joints – shoulder, low back, hips, knees, etc, when you are doing an exercise or following it. An ache in your muscles that lasts for a day or two is completely normal. Sometimes a simple “tweek” to your alignment or technique or what weights you are using, might help resolve the issue. Consult with your local Chartered Physiotherapist, personal trainer or strength and conditioning coach for guidance.



My name is Caitriona Conneely. I am a Chartered Physiotherapist specialising in Pelvic Health and Paediatrics. I work in PMC Physiotherapy Clinic, Dunboyne. I treat women, men and children with pelvic floor dysfunction, including incontinence, pain and prolapse. I work with women throughout all transitioning stages of life, pregnancy, post-partum and in the perimenopause and post menopause phases. I teach pilates classes either on a 1 to 1 basis or in group settings. These classes include all recommended elements of bone health: flexibility, mobility, strengthening, weightbearing and balance exercises.

If you would like to improve your bone health but feel some of these barriers are preventing you, please contact us here in PMC Physiotherapy on 018253997 or go to our website www.pmcphysiotherapy.ie