Can You Strength Train With Osteoporosis or Osteopenia? Transcript

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Understanding bone health

Can you strength train with osteoporosis Can you strength train with osteoporosis or osteopenia? Yes, the short answer is, or osteopenia? Yes, the short answer is, but the better question is how? Because but the better question is how? Because as soon as a lot of women hear the as soon as a lot of women hear the diagnosis osteopenia or osteoporosis, diagnosis osteopenia or osteoporosis, they get scared and they think that they they get scared and they think that they should stop exercises and stop should stop exercises and stop activities that they love. I'm Deborah activities that they love. I'm Deborah Atkinson, founder of Flipping 50. I've Atkinson, founder of Flipping 50. I've been doing this for 42 years, been doing this for 42 years, specifically helping women in specifically helping women in osteoporosis osteoporosis osteoporosis or osteopenia or osteopenia in menopause figure out how to safely in menopause figure out how to safely exercise and plan for a strong, exercise and plan for a strong, powerful, fall-proof, fracture-proof powerful, fall-proof, fracture-proof future. So, in this video, here's what future. So, in this video, here's what we're going to talk about. What is we're going to talk about. What is osteopenia osteopenia osteopenia versus osteoporosis? When should you be versus osteoporosis? When should you be cautious? What movements, if any, are cautious? What movements, if any, are truly contraindicated for you? What truly contraindicated for you? What four types of exercise you want to be doing?

types of exercise you want to be doing? And when and if you can't do any of them And when and if you can't do any of them because of another condition, it's not because of another condition, it's not always just osteoporosis or osteopenia always just osteoporosis or osteopenia that we have to address. If you have, that we have to address. If you have, for instance, fibromyalgia or rheumatoid for instance, fibromyalgia or rheumatoid or osteoarthritis, now you've got or osteoarthritis, now you've got competing exercise prescriptions and competing exercise prescriptions and something may indeed be contraindicated something may indeed be contraindicated for you that would otherwise for you that would otherwise [clears throat] be good for your bone.

[clears throat] be good for your bone. I'm going to address it all right here. I'm going to address it all right here.

Diagnosis and terminology

So, let's jump in. Here's the deal. So, let's jump in. Here's the deal. Osteoporosis, osteopenia, Osteoporosis, osteopenia, and healthy bone. That's where they sit and healthy bone. That's where they sit on a continuum. So, over here is healthy on a continuum. So, over here is healthy bone for a really Imagine a 22-year-old bone for a really Imagine a 22-year-old young redhead female. Healthy bones, young redhead female. Healthy bones, okay? We compare us to that person. Now, okay? We compare us to that person. Now, here's what would be even better. If you here's what would be even better. If you and I had done a bone scan when we were and I had done a bone scan when we were 30, because that's about the point where 30, because that's about the point where we peak in bone density, we would we peak in bone density, we would actually be comparing our later selves actually be comparing our later selves to our earlier selves to know if we even to our earlier selves to know if we even reached optimal bone density. There's a reached optimal bone density. There's a huge belief right now that young women huge belief right now that young women in their 20s are potentially not in their 20s are potentially not reaching their bone density peak reaching their bone density peak capacity for a lot of reasons. Foods capacity for a lot of reasons. Foods that they're eating, the lifestyles that that they're eating, the lifestyles that they have, they've had more computer they have, they've had more computer screens than you and I did growing up.

screens than you and I did growing up. We went outside to play. You remember We went outside to play. You remember those days? And that's happened a lot those days? And that's happened a lot less. But let's go down the line. So less. But let's go down the line. So next, you go in for your first bone scan next, you go in for your first bone scan and sometimes that's not till the age of and sometimes that's not till the age of 62 or 65 when it's actually covered by 62 or 65 when it's actually covered by insurance unless you have a very insurance unless you have a very proactive physician or you pay it out of proactive physician or you pay it out of pocket to find out what you're doing.

pocket to find out what you're doing. And I mean a clinical DEXA scan. So dual And I mean a clinical DEXA scan. So dual absorbency absorbency absorbency x-ray. So we're actually looking at the x-ray. So we're actually looking at the bone and the skeletal system to see how bone and the skeletal system to see how dense it is meaning how well will it dense it is meaning how well will it respond if we drop it because that's respond if we drop it because that's what happens when we fall. What we're what happens when we fall. What we're doing here is looking at that was doing here is looking at that was healthy bone. If you remember anything healthy bone. If you remember anything from statistics, and I remember about from statistics, and I remember about one thing. First, I passed with a C.

one thing. First, I passed with a C. That was the first thing. The second That was the first thing. The second thing is standard deviations from thing is standard deviations from healthy. If it's 2.5 standard deviations healthy. If it's 2.5 standard deviations from healthy, that is a significant from healthy, that is a significant amount. That is osteoporosis.

amount. That is osteoporosis. So you could be there and you your bone So you could be there and you your bone can actually be further from that as can actually be further from that as well. And the more far you are from that well. And the more far you are from that healthy bone, the less healthy, the more healthy bone, the less healthy, the more fragile, and the more precautions we fragile, and the more precautions we want to take. But if you are in want to take. But if you are in osteopenia, you're in that space between osteopenia, you're in that space between healthy bone and 2.5 standard deviations healthy bone and 2.5 standard deviations from healthy bone. So if you're in this from healthy bone. So if you're in this gray space, that name was coined gray space, that name was coined osteopenia. And really what I want you osteopenia. And really what I want you to do is be grateful if you find out to do is be grateful if you find out you've got it. Don't be scared, but be you've got it. Don't be scared, but be grateful. Here's the only difference grateful.

Causes and gut health

Here's the only difference between you today if you just learned between you today if you just learned that diagnosis and you yesterday is you that diagnosis and you yesterday is you know it and you have power. So, you know know it and you have power. So, you know it, you have motivation, discipline, it, you have motivation, discipline, commitment potentially to do something commitment potentially to do something about it. But it doesn't mean stop all about it. But it doesn't mean stop all activities that you love. And if you go activities that you love. And if you go online, here's what will happen because online, here's what will happen because we've all been online, articles have we've all been online, articles have been written online since the late mid been written online since the late mid to late '90s and all of that content is to late '90s and all of that content is still there. Even though science is still there. Even though science is newer and it's replaced it, that is out newer and it's replaced it, that is out there and you're going to find it.

there and you're going to find it. You're going to find things that scare You're going to find things that scare you, alarm you, make you think this is you, alarm you, make you think this is contraindicated and I should never do contraindicated and I should never do it. And today, here's what we know. Back it. And today, here's what we know. Back in '95 when I first started educating on in '95 when I first started educating on osteoporosis and what it is and osteoporosis and what it is and osteopenia and how to exercise, we osteopenia and how to exercise, we thought very differently. We thought in thought very differently. We thought in a very limited capacity. We could do a very limited capacity. We could do these things, robust things like jumping these things, robust things like jumping and lifting heavy to prevent and lifting heavy to prevent osteoporosis, but once you have it, osteoporosis, but once you have it, don't ever do that again. That's kind of don't ever do that again. That's kind of the gist of it. We no longer think that the gist of it. We no longer think that way because since about 2016, there's way because since about 2016, there's been significant research by researchers been significant research by researchers like Belinda Beck out of Australia, like Belinda Beck out of Australia, that's one of the biggest, who's done that's one of the biggest, who's done things like the Lift More study proving things like the Lift More study proving that lifting heavy weights and doing that lifting heavy weights and doing high impact for women post menopause high impact for women post menopause diagnosed with osteoporosis is in fact diagnosed with osteoporosis is in fact safe. There were no injuries. So, we safe. There were no injuries. So, we haven't seen more injuries because haven't seen more injuries because they've done it and they improved their they've done it and they improved their bone density. So, not only

were there no bone density. So, not only were there no injuries, they didn't just stop bone injuries, they didn't just stop bone losses. They reversed some of them and losses. They reversed some of them and walked back maybe from osteoporosis to walked back maybe from osteoporosis to osteopenia or from osteopenia to normal osteopenia or from osteopenia to normal bone. I in fact have done the same. Not bone. I in fact have done the same. Not because of lifting or jumping, which I because of lifting or jumping, which I was doing all of that and still had was doing all of that and still had osteopenia. By the way, you can't outrun osteopenia. By the way, you can't outrun all things from your past and you and I all things from your past and you and I can't isolate what is the reason this can't isolate what is the reason this would happen. I've had women ask, "How would happen. I've had women ask, "How come you're active and you still got come you're active and you still got it?" Because maybe in grad school I had it?" Because maybe in grad school I had way too much diet Coke when I was 24, way too much diet Coke when I was 24, 25, 26 and should have been really 25, 26 and should have been really packing bone density in. Some of that packing bone density in. Some of that acidic property and the carbonation acidic property and the carbonation actually may have interfered with my gut actually may have interfered with my gut pulling in the calcium and the magnesium pulling in the calcium and the magnesium and the vitamin D delivering that to my and the vitamin D delivering that to my bone. Who knows? We'll never know. And bone. Who knows? We'll never know. And even though you have absolutely healthy even though you have absolutely healthy activities and habits now, at one point activities and habits now, at one point something may have gone wrong. Let's say something may have gone wrong. Let's say you breastfed children and you had you breastfed children and you had several children right in a row. While a several children right in a row. While a woman is pregnant and breastfeeding, the woman is pregnant and breastfeeding, the calcium goes right to the fetus and calcium goes right to the fetus and right to the babies. And so low bone right to the babies. And so low bone density is pretty common. The body in density is pretty common. The body in [clears throat] a female who does that [clears throat] a female who does that bounces back. After about 6 months, 6 to bounces back. After about 6 months, 6 to 12 months after ending breastfeeding, 12 months after ending breastfeeding, she'll bounce back. But for those of you she'll bounce back. But for those of you who had babies and babies and babies, who had babies and babies and babies, that could put you a little bit behind.

that could put you a little bit behind. And [clears throat] you know, for really And [clears throat] you know, for really great reasons, right? But I just want great reasons, right? But I just want you to know there are so many reasons you to know there are so many reasons that you could not have prevented or that you could not have prevented or known about. And so don't feel guilty.

known about. And so don't feel guilty. Don't feel bad. Don't feel ashamed. It's Don't feel bad. Don't feel ashamed. It's nothing you did wrong, but there are a nothing you did wrong, but there are a lot of factors that play into whether or lot of factors that play into whether or not you will or won't. So, don't worry not you will or won't. So, don't worry about figuring that out necessarily, but about figuring that out necessarily, but do fix your gut if your gut's not in do fix your gut if your gut's not in good shape so that the food you eat now good shape so that the food you eat now can help you. The magnesium and the can help you. The magnesium and the calcium that you might be taking and the calcium that you might be taking and the vitamin D that help that calcium get vitamin D that help that calcium get into bone, be sure that you're absorbing into bone, be sure that you're absorbing it all. You want to know that that's it all.

Safe exercise techniques

You want to know that that's happening and it won't if you don't have happening and it won't if you don't have good gut health. So, realize that. Okay, good gut health. So, realize that. Okay, let's come back to the exercise. What let's come back to the exercise. What should could you be doing? Let's say should could you be doing? Let's say before you found out you were running, before you found out you were running, you were doing yoga, and um you were doing yoga, and um maybe you were doing some high impact maybe you were doing some high impact repetitive movements and you're like, repetitive movements and you're like, "Wait a minute, I shouldn't be doing "Wait a minute, I shouldn't be doing that now. I have to be more careful, that now. I have to be more careful, more cautious." And it says you're going more cautious." And it says you're going to read that you shouldn't do forward to read that you shouldn't do forward flexion and you shouldn't do rotation.

flexion and you shouldn't do rotation. And that would mean that you never get And that would mean that you never

get out of bed. It would mean you never get out of bed. It would mean you never get into or out of a car. So, some of that into or out of a car. So, some of that is a bit ridiculous, but it is not what is a bit ridiculous, but it is not what you do, it is how you do it. So, some of you do, it is how you do it. So, some of you have worked with a personal trainer you have worked with a personal trainer and gone to fitness classes and I'll bet and gone to fitness classes and I'll bet you can say there's been a good trainer you can say there's been a good trainer and not such good trainer. There's been and not such good trainer. There's been a good and safe exercise class and a good and safe exercise class and there's been one that's kind of risky there's been one that's kind of risky and even I know it if I'm not in and even I know it if I'm not in fitness. And the same is true of fitness. And the same is true of exercises. It's not what you do, it's exercises. It's not what you do, it's how you do it. So, bending over to do a how you do it. So, bending over to do a bent-over row, there's absolutely bent-over row, there's absolutely nothing wrong with that. Even doing nothing wrong with that. Even doing yoga, there's nothing wrong with that.

yoga, there's nothing wrong with that. One of the four pillars of exercise, the One of the four pillars of exercise, the fourth one is 12 yoga poses. And those fourth one is 12 yoga poses. And those include bending over and rotating include bending over and rotating simultaneously among the poses that you simultaneously among the poses that you would do. How is that safe? Because would do. How is that safe? Because we're not jumping into them. We're not we're not jumping into them. We're not just forgetting all form and technique.

just forgetting all form and technique. We're strategically and carefully We're strategically and carefully putting ourselves in that form, holding putting ourselves in that form, holding it, and we're resisting pull of gravity it, and we're resisting pull of gravity in different ways than we do when we're in different ways than we do when we're standing upright. So even just bending standing upright. So even just bending over, over, over, >> [laughter] >> [laughter] >> [laughter] >> and there goes the dog, bending over and >> and there goes the dog, bending over and I'm going to tilt the screen so you can I'm going to tilt the screen so you can see this. The bending over for instance see this. The bending over for instance to do a say a triangle pose. Here I have to do a say a triangle pose. Here I have a little rotation going on. If I do the a little rotation going on. If I do the rotated triangle, do you see what I'm rotated triangle, do you see what I'm doing? Forward flexion and rotation. And doing? Forward flexion and rotation. And those are both a part of a longitudinal those are both a part of a longitudinal study. That means over a long period of study. That means over a long period of time looking at the same women for 7 time looking at the same women for 7 years who are post menopause with years who are post menopause with osteoporosis osteoporosis osteoporosis increased their bone density. No increased their bone density. No fractures, no injuries, very little fractures, no injuries, very little dropout rate, and a very good compliance dropout rate, and a very good compliance or adherence rate. And that's really or adherence rate.

Addressing activity fears

And that's really important because nothing is going to important because nothing is going to work if we don't comply. So let me back work if we don't comply. So let me back up now and talk a little bit are there up now and talk a little bit are there things you shouldn't do. There are no things you shouldn't do. There are no absolutes. I'm going to answer that absolutes. I'm going to answer that question. I'm going to say it again.

question. I'm going to say it again. There are no absolutes. I won't say to There are no absolutes. I won't say to you everybody with osteoporosis or you everybody with osteoporosis or osteopenia should never do forward osteopenia should never do forward flexion, should never do rotation flexion, should never do rotation because some of you love golf and you're because some of you love golf and you're diagnosed with osteoporosis. Does it diagnosed with osteoporosis. Does it mean you should never play golf again mean you should never play golf again and you're used to playing nine or 18 and you're used to playing nine or 18 holes every day for months out of the holes every day for months out of the year? It does not mean that at all. Is year? It does not mean that at all. Is there some impact that will come right there some impact that will come right there and are you putting torque on your there and are you putting torque on your spine? Yes, but are you used to it? Now spine? Yes, but are you used to it? Now if you have osteoporosis and you've just if you have osteoporosis and you've just found out and you don't play golf, I found out and you don't play golf, I wouldn't say go start playing golf. I wouldn't say go start playing golf. I wouldn't do that. I also wouldn't say wouldn't do that. I also wouldn't say go downhill skiing, right? I wouldn't do go downhill skiing, right? I wouldn't do that because it really doesn't make that because it really doesn't make sense. But if you are downhill skier, sense. But if you are downhill skier, you do that for 6 months out of the

year you do that for 6 months out of the year for every year, you've been doing that for every year, you've been doing that for a regular basis, your skiing days for a regular basis, your skiing days are not over. Your physician will are not over. Your physician will probably work with you and say, "You are probably work with you and say, "You are strong, work on your balance, make sure strong, work on your balance, make sure that we work on the strength training, that we work on the strength training, we get the bone as strong as possible, we get the bone as strong as possible, but we get the muscle in the agility but we get the muscle in the agility also strong so that you have less risk also strong so that you have less risk of failure. But your mental capacity for of failure. But your mental capacity for mood and optimism, we cannot take away mood and optimism, we cannot take away something that you love and expect you something that you love and expect you to be healthy. So realize that I have to be healthy. So realize that I have worked with many women who are they hit worked with many women who are they hit retirement, they were looking forward to retirement, they were looking forward to skiing out of their new cabin in skiing out of their new cabin in Colorado and thought, "Oh my gosh, I Colorado and thought, "Oh my gosh, I just learned I have osteoporosis. And so just learned I have osteoporosis. And so I'm not supposed to downhill ski." But I'm not supposed to downhill ski." But that is not the way it happened. We got that is not the way it happened. We got her strong, we kept her strong, we her strong, we kept her strong, we worked on her agility, we worked on her worked on her agility, we worked on her core, we worked on her posture, and she core, we worked on her posture, and she and her physician agreed it made more and her physician agreed it made more sense for her to thrive the rest of her sense for her to thrive the rest of her life to continue skiing, and she would life to continue skiing, and she would know when she was feeling too vulnerable know when she was feeling too vulnerable to continue that safely. So we want you to continue that safely. So we want you to realize nothing is an absolute. You to realize nothing is an absolute. You can do it, it's how you do it. So can do it, it's how you do it. So bending over is something that you're bending over is something that you're going to do in the course of every going to do in the course of every single day of your life. You're going to single day of your life. You're going to bend over to pick up dog food or potting bend over to pick up dog food or potting soil or babies, your shoes. So learning soil or babies, your shoes.

Four pillars of bone strength

So learning to do it correctly against resistance to do it correctly against resistance with weight is also very important. The with weight is also very important. The reason resistance training and even yoga reason resistance training and even yoga are so powerful are in this. You have are so powerful are in this. You have muscle that starts at one joint and may muscle that starts at one joint and may cross another. So, this is the origin of cross another. So, this is the origin of the muscle. It starts up here. It's the muscle. It starts up here. It's connected. Down here is the insertion.

connected. Down here is the insertion. It's connected here. So, as you strength It's connected here. So, as you strength train, we pull from one to the other and train, we pull from one to the other and that pulling of the muscle, the tension that pulling of the muscle, the tension you create even in a yoga pose when you create even in a yoga pose when you're resisting gravity differently you're resisting gravity differently than you do all day. That tension from than you do all day. That tension from the muscle creates tension in the bone.

the muscle creates tension in the bone. When you give tension to the bone or When you give tension to the bone or stress to it, it will get stronger. And stress to it, it will get stronger. And that's really force is best. If we can that's really force is best. If we can jump, if we can lift heavy, jump, if we can lift heavy, or if not or and, then you want to do or if not or and, then you want to do that resistance training that you create that resistance training that you create slightly from yoga. Now, don't get slightly from yoga. Now, don't get carried away. Don't think I'm doing carried away. Don't think I'm doing yoga, so I am doing resistance training.

yoga, so I am doing resistance training. Don't need to do anything else. Remember Don't need to do anything else. Remember that if you can, you ideally want to do that if you can, you ideally want to do all four pillars. Resistance train, jump all four pillars. Resistance train, jump training as high impact as you safely training as high impact as you safely can tolerate, the yoga, and then get 300 can tolerate, the yoga, and then get 300 minutes a week of activity including minutes a week of activity including your walking, your jumping, your your walking, your jumping, your resistance training, your yoga. Moving resistance training, your yoga. Moving around the house counts. All of around the house counts. All of that will contribute to positive benefits for will contribute to positive benefits for

bone density and increase your balance, bone density and increase your balance, your stability, your agility, and your stability, your agility, and ability to resist when slips and trips ability to resist when slips and trips happen. And we know what they do. So, happen. And we know what they do. So, you can be safe and you can exercise you can be safe and you can exercise safely. And there are almost zero zero safely. And there are almost zero zero literature that shows us more injuries literature that shows us more injuries occur with people who exercise. There's occur with people who exercise. There's almost none. Not resistance training, almost none. Not resistance training, not jump training, and not yoga, not not jump training, and not yoga, not going for walks. We just don't see going for walks. We just don't see people who are exercising get hurt. What people who are exercising get hurt. What we see is people who fall. So, you want we see is people who fall. So, you want to be consciously strength training, to be consciously strength training, doing jump training, getting some doing jump training, getting some agility work in so that you avoid the agility work in so that you avoid the falls in the first place. Let's just not falls in the first place. Let's just not test to see if our bones are actually test to see if our bones are actually stronger. But, by all means, you stronger. But, by all means, you absolutely should be exercising. So, you absolutely should be exercising. So, you want to keep that in mind. So, when you want to keep that in mind. So, when you come back to osteoporosis, osteopenia, come back to osteoporosis, osteopenia, and healthy bone over here, I want you and healthy bone over here, I want you to realize that we're living in a moment to realize that we're living in a moment in time right now where now we know, if in time right now where now we know, if you've had bone losses and you're just you've had bone losses and you're just discovering it, you can reverse those discovering it, you can reverse those bone losses. You take care of your gut bone losses. You take care of your gut health so you're absorbing all the good health so you're absorbing all the good food and the micronutrients like food and the micronutrients like magnesium and vitamin D that help magnesium and vitamin D that help calcium get into your bone, and you do calcium get into your bone, and you do the right kind of exercise, you can the right kind of exercise, you can improve bone density. To stay on top of improve bone density. To stay on top of that and realize you're far more safe that and realize you're far more safe getting the insurance for bones and for getting the insurance for bones and for your muscles and avoiding slips and your muscles and avoiding slips and trips if you do exercise with resistance trips if you do exercise with resistance training than if you don't. Let me know training than if you don't. Let me know what your questions or your concerns are what your questions or your concerns are below.