Strength Training for Women Over 40: Build Muscle, Bone Health & Longevity Transcript

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Podcast Introduction and Guest Welcome

So normally chiropractic care, it's more catered towards pain, mobility, movement, which is all great. But a lot of times what we will see is that patients stop the healing process.

when they stop just at the pain or the mobility part of their problems because a lot of times pain is the last, right, subsequent thing that happened to us when we are kind of breaking down and we have nervous system dysfunction already and then we had, you know, pathology at a long run.

And so a little times people only associate chiropractic with bones and muscles, right, and we forget that our nervous system is the one controlling and sending those signals from our brain through the spinal cord, through those nerves, though the organ systems and cells.

Welcome to the Functional Edge. I'm Dr. Julia Ward, and this is where science meets real-world strategies for living healthier, sharper and stronger. From uncovering hidden environmental toxins to unlocking peak performance and mental clarity, we cover it all.

Ready to take control of your health and thrive? Let's dive in. Hello, and welcome to the Functional Edge podcast. I'm your host, Dr. Julia Ward, medical director and founder of Balanced Body Function Medicine.

Today, we're honored to welcome Manette Sepulveda to this show.

What Structural Rehabilitation Means

Manlette is a functional health practitioner and Founder of Infinite Body Health, where she helps individuals uncover the root causes of chronic health challenges through a personalized whole body approach to healing.

In this episode, Manette will be sharing insights on functional medicine, metabolic health, and the interconnected systems that influence energy, resilience, overall well-being, offering practical strategies to help you optimize your health and vitality.

So stay tuned for an engaging conversation that promises to empower and inspire your path to wellness. Welcome, Menette. Hello, Julia. How are you? Good.

Good, thank you. Thank you so much for being here. Yes. Thank you for having me. I'm very excited to have this conversation and unravel some of these topics that we have been talking about.

Awesome. Okay. Well, for listeners who may not be familiar with your work, what exactly is structural rehabilitation and how is it different from traditional chiropractic care that most people think of?

Yes, so structural rehabilitation is very interesting because it actually helps patients to address the structure. instead of stopping at the pain. So normally chiropractic care, it's more catered towards pain, mobility, movement, which is all great.

But a lot of times what we will see is that patients stop the healing process when they stop just at the pain or the mobility part of their problems because a lot of times pain is the last, right, subsequent thing that happened to us when we are kind of breaking down and we have nervous system dysfunction already and then we you know, pathology at the long run.

And so a lot of times people only associate chiropractic with bones and muscles, right? And we forget that our nervous system is the one controlling and sending those signals from our brain through the spinal cord, through those nerves, though the organ systems and cells.

Structural rehab basically looks at your spine like an engineer model, right? So chiropractic biophysics specifically is the kind of technique that has been researched the most right now in the chriopractic space.

And it's basically, it is like an engineer model that it uses in biology. It's using engineering, mathematicals, right? And he's creating these models that creates then just like a model you use to understand orthodontics for your teeth.

but it's like, or just fine. And it was kind of created because, like in medicine, we have blood pressure, for example, right?

Why Spinal Curves Matter

We have a normal and abnormal, and then we know when you're too low or too high, Dieter Harrison, which is the father of, it started this kind of unraveling this whole research, started to think with that kind, he was an engineer before becoming a DC.

And then he then went to acquire a, you know, I think it was like a PhD in mathematics or something. But basically he decided to study in depth the curves of their spine.

And then that's how then we started to then understand, okay, well, you need to have these curves and these curve should look like this. And these are more normal and ideal.

Then when you come out of that, too little or too much, then you start having dysfunction and it started have your, to affect your nervous system. So that kind of like, it's different.

Yeah. Well, one thing that stood out to me is your focus on restoring normal spinal curves. So why is this so important? And why not just focus just on getting people out of pain?

So a lot of times when people come to us, they come just for pain. Kind of like what we were talking about. But then we try to explain them that pain is the last thing down the chain.

And so then a lot of times we have emotional trauma, physical trauma and chemical trauma. Right. And then, you know, like in our space with like when you're talking about longevity and regenerative medicine, or, we're not only talking our lifestyle medicine.

We're now talking only about like, okay, well you have this pain or these symptoms. We're trying to go, okay, why is it that you have these issues on your spine, right?

Or these pains or where this might be referral pains, where are they coming from? So we want to not stop just at pain because pain is basically just a down regulation signal that we have when our pain thresholds are lower and we not have been functioning for a while the right way.

So we wanted to really look at, okay, what are your curves? What can we do to get them better? And then also we want to look that, is this pain only associated from the structure or it could be coming from other places.

And also the other thing is now we have a lot of clinical research that helps us to understand that when people stop at the pain, they only get few months, one to three months of pain relief.

Movement, Nervous System, and Posture

But when people really target the structure, then they are really getting up to two years of paint relief or, you know,

improvement on that posture that helps them to also, we know got better nervous system functioning.

And then that kind of rewires their nervous systems and their Can you talk about the relationship between spinal alignment and movement quality? And how does the way we're structured affect the we move?

So pretty much a lot of times we wanted to understand how the person is having these pain patterns and then these programs, because a lot of times when people come in, they have already acquired or adapted, right?

So their movement is already determined by that structure. And then those muscles that are controlling the movement, then they are giving you these signals and they basically alter your mechanics.

So, what we find now is that like people that have better nervous system and better information coming, which we call afferent stimulation, right? Like the information that is coming from our stimuli outside.

A lot of times we could program our nervous system in a better way if we have better posture and better quality of curves, because our system can take that information and then create that output, which is good movement, right?

And then that it's going to help you to rewire your autonomic nervous systems and functionality. you know, a lot of research too also that comes out with the researcher Mustafa, that they're like really working on looking at what are those programs and how they look like, because now they can take someone that has like anterior head carriage, right, which is very typical when people, now everybody has anterior heads carriage right?

Because everybody So you think about it, something that was thought that it was when people were getting older. Now even kids, if you looked at, sometimes I'm in the supermarket and I looked that these kids and their programs, basically their model input is actually alter already because they have like, they're really young, but they had these like older type of postures.

So their autonomic nervous system is already creating proprioceptive feedback that it's wrong, that is programming them to have these patterns that we saw in the older.

We now know that if we take someone and we restore their neck curve, you're going to improve your sensory motor and your proprioceptic feedback and nervous systems.

Well, many of my listeners and myself included are women in midlife. What are some of the unique challenges that we face during this menopausal transition time when it comes to musculoskeletal health and physical function?

Midlife Women and Musculoskeletal Health

So this is great because I know I have seen your podcast and I now encounter many podcasts like Dr, I think she's like, Dr. Bond Wright, which I love her.

She's all about bone health and all that. And a lot of women like us also have done bodybuilder, bodybuilding, which is not even heard of right before like an MD or DC or someone that has high studies, getting more into the building of the muscle and how you look and you want to keep yourself young.

And now I think it's interesting to understand that you don't need to be vain or superficial to value this. Because we're actually understanding clinically and research tells us that the more that you have understand and work on your body, then the reserves of estrogen you'll have, right?

Because you're going to have that estrogen depletion when you come to menopause. So then estrogen definitely is a major player besides progesterone and estrogen.

But women like us that are, you know, on their 30s, 40s 50s are in a really, really good time to understand how to pull these, muscle lever that they have, that still have available, right?

And start really restoring their health by really working on their limb body mass and trying to work on your body composition, not just thinking about being not fat or fat, or whatever, because those things change when you get into menopause, right?

we're working, I don't know, working anymore. So I think that now for your audience and in my audience, like people wanted to learn, especially women, and I this goes for men too, but women specifically, the topics now, it's more and more like what you need to know is you know that you definitely need work with your strength and not be afraid of it.

and try to build as much lean body mass because it's definitely going to help you to create that anabolic process that helps you, like, you know, it protects you later.

I've heard you describe muscle mass as a person's retirement account for health. Yeah. Yes. Can you expound on that a little more? Well, I think that this is like, we are using this a lot now.

It's basically, it's just like a savings account. So like they say that you're in between your probably 30s to 40s and you haven't been training a while.

You can start slowly doing 30 to 60 minutes of resistance training, a week. And you will start, slowly compounding the effect that to help with that retire me account because then later on your building muscle, it takes much more like what I used to do.

And I use to put 300 pounds on my back, which I will never do now.

Muscle Mass as a Health Retirement Account

However, like it was easier. I wouldn't train and something will happen to me and I would go back and be putting 200 pounds, no problem. But now it's like, no, I don't even want to squat a plate 135 pounds because I'm like.

You know, and it is because and I want it continue. It's not that, but I do have also a more broken to like a lot of people. So you have to be more aware and be smarter when you're training.

Right. so if you haven't been doing progressive overload, you are not going to put in that 200 pounds, which before, because i have more muscle, then I could just do that.

So I think that you having a thought of not putting time and effort in between training the right way, I thing is now a myth that is being debunked, right?

Because now we know that, like, you could definitely have better returns on your investments, and it doesn't have to be huge like us, but slowly building that Yeah.

When you're like before 40, right? Yeah, yeah. Because then you will definitely have what you need. In the end, even when you are 40 to 60 now, starting to build that slowly or continuing to be able to, because then it's going to improve your 70s and 80s.

Yeah, yeah. It's definitely easier to gain muscle mass when you're younger. And it's not that it can't be done as you get older, it certainly can be, but it just a little bit easier when your younger Is that what you see now too?

Yes, absolutely. Because I feel like sometimes it is like, okay why is it that I can just like hold the muscle that i have before? You know, it's like you work so hard and like when you will work out, when I used to work a lot, like, and then you stop one week and you don't see the gains.

Yeah. You just have to be consistent. That's definitely the key. Well, in your practice, what are the most common structural or movement related issues that you see in women over 40? A lot of the times people are coming, getting like a lot these like kybus deformities in here that they don't have to be related to thyroid, but basically women see

this, they tend to have this like neck forward, maybe by like half of an inch, you know, forward on the shoulder, then they start getting this more kyphotic structure, right, which for your audience, we are supposed to have a lordosis, kyophosis.

Lordosis right? That's like what you want to help those curves be. And we know now by clinical evidence that they are suppose to be around 15 to 20 degrees, at least in the cervical curve, 30, ideal for you to not have pain.

Kyphosis is the same thing. If you have too much of it, Right. Then you start really having that head move forward because you, it's going to compensate.

So that's kind of like what we see the most is like women that take care of their posture or they have lean a lot.

Common Postural Issues in Women Over 40

And then they come in and then. They get this kind. Back extensors, weaknesses, these muscles are getting really tight. Right? But it is kind also what you see with people that also sit a little, they are in their computer, like I work tech in this area.

where I am and then the main issue that we see with this is that We have also have I think it's like a Japanese really good Japanese article that came out that talks about when woman they took woman and they follow them and They noticed that after they the woman that had the most kyphosis and neck forward are the women that end up losing their independence and later on in life.

So 80s. And so then a lot of the time we don't really see that we can catch this earlier. We can cast it 30 when you're 40, when your 50. For your audience out there, my message is like, okay, try to see, find someone that you could really have.

I can give you the website of also the nonprofit so they can go and find. provider if they know that they want to get checked and they just don't want do something for pain, but they really want it to restore their curvatures.

Because they are in the best time to to that structural correction is in between. Yeah. We'll definitely put that in our show notes for everyone. Yes.

So yeah, we'll put it as a resource in a show note. Definitely. Your approach combines chiropractic biophysics with strength and conditioning. How do those two disciplines complement each other and why do you feel it's important to address both?

Personally, I end up having this, you know, very big athletic background, right, that took me to strength conditioning and then to becoming a doctor. And there was nothing really at the time when I graduated that was putting them both.

And so when I started to look into people's chronicity and pain and problems, and also seeing that they were not strong enough, right? Then I start to then work more as personal training.

and helping them with, you know, corrective exercises. And so then that developed into what I call the infinite method now, which is we take people and then we looked at how structurally they are holding themselves, right?

And then, we do analysis and we look at their x-rays and from there we see, okay, do they have a spine that it's pretty good align, right, and it has ideal curves, or do they, they're going out of the norm?

And so if they are, then we wanted to then help them to restructure that and then, help with what type of strengthening they need, which is normally when they start the phases, They start with rehabilitation, that it's helping them, to what we call posture mirror image.

So we will mirror image their posture depending on what type of movement they have.

Combining Chiropractic Biophysics and Strength Training

It's if they are leaning to one side, they're leaning into another, if the have scoliosis, If they had loss of curves. And then so that's how we'll start.

Increasing the corrective exercises to help them to mirror image the posture. So then they get a good frame, right? So their frame if you will is not bent.

And then you can build then the muscle on top of that. Because then you're having good nervous system activation and firing up those muscles. So that's how they both complement.

And it all depends on where, where they are, right? How many symptoms, how many problems they come in or how much you, they, are from the normal ideal spine curvature models or geometric, you know, and then, then we build from there.

So for someone listening who wonders whether they might benefit from this type of care, how do you evaluate a patient and determine whether structural rehabilitation is appropriate for them?

So that's kind of what I was going in a little bit before. So pretty much what we will do is they come in, they do tons of questionnaires, and we see where they are.

A lot of times these patients, sometimes we end up like, working with them at a different level that it's more like lab work, functional medicine, if they do have a lot of pain and symptoms, right, that are not just related to their structure.

So we basically have to figure it out where the groundwork starts. And then, because I have worked so much with medical doctors, a lotta times I end up working more in a multidisciplinary setting.

where I actually help the patient with the right recommendations with lab work, to work with their insurance and not, why not? And then take them from there.

Then from their we will see, okay, we take x-rays, We take all these postural evaluations with AI and things like that to see where their functional movement assessments are.

Like we're basically looking at their structure, their movements, and then functionality-wise, right? And then from there, then we will create then a program that will fit all those stages and to help them to work on them before and we move them through strength and conditioning after and from then, from maintenance.

Okay. Awesome. Yeah. Well, a lot of people are told that they have scoliosis, but they don't have any symptoms. So if someone has scoliosis and they feel perfectly fine, is that something that should be concerned about?

Are there things that you should do proactively to prevent problems down the road? Or is it reasonable to simply monitor it? This takes me to the weeds.

Pretty much like you wanted to understand if they do have Scoliosis or not.

Evaluating Patients for Structural Rehab

I think that that's the first thing that we need to do, right? Because scoliosis, if it's been already diagnosed, then we're talking about maintenance and we are talking slowing down the degeneration.

Because once you have acquired these curves, wherever they are, you are definitely getting a different type of stimulation to your nervous system. that is not the normal stimulation, right?

Because we are compressing in one side of your body and elongating the other side, and then those nerves are

already not functioning at 100%. So you wanted to quantify it.

I think that you need to start with that. Sometimes people don't really have scoliosis, but they have what we call big lateral shifts that they call translations.

So they are more aligned in one way and that also changes the biomechanics. And this, it's all fixable. It all depends on where you find the curves and where do you the translations because if you have adapted to it and you now have a phase two or phase three of degeneration model, right, which is you already have sclerosis that we can see on the x-ray.

You already have maybe pain or not because sometimes people have these problems and they don't have pain, which is exactly how you started asking me now.

It's like, yes, you might not have fame, but if you do get analyzed and you get these big shifts on your spine, that means you're putting a lot of asymmetrical pressure and maybe you are one of these cases that people are always like I cannot deadlift.

Why can I not deathlet? Right? Why do I throw my back out all the time when I deathlift? Those are things that we want to start looking at because that core, a lot of times we associate, oh, that's just core weakness.

Yes. Oh, is it coming from the structure too? Right? Because you can start increasing the core strength, but some people can never get to work out the way that they want to when they are younger because they have these structural problems and they no idea they had them.

And then they just get adjusted just for pain. So they tell me, oh, I love going to get adjusting or see my physical therapist, but they only go to the physical therapists when they have pain or problems, because that's our medical model, right?

And you only to go the chiropractor, just like if you have You never go to someone that can correct these issues. So then when you get adjusted, you don't get adjusting for pain.

You get adjust for functionality. Right? So it's a very different paradigm of doing things.

Scoliosis, Monitoring, and Proactive Care

And yes, I will say for scoliosis, if you want to get analyzed, If you do know that you have then already scoliosis, how much you'll have, then we need to be more aggressive.

And then, we start working on the traction devices, start work on exercises to cater, to slow down the generation, and to get you as neutral spine as possible.

Really good to know. Okay, so if anyone wants to find out more about the services you offer, what is your website and or phone number? Well, I brought a gift so I think we could put it on when people see the podcast.

Yes, absolutely. that I am offering to women that they do want to know if they wanted to pull that lever of the muscle and how to learn more about their structure and they can integrate that with their personality.

Because I think that if you find how you work the best with your own body, then you really can empower yourself to get stronger. Right? And a lot of time we work out really hard, but we don't see the benefits or sometimes we didn't even like to work.

So I think that understanding our own archetype then helps women to then get more empowering. And some of us don' need so much workouts. We need more of the mental space, right?

Or more the emotional. space to then get, you know, get dividends on their workouts. But some of us do need to,

then eat more protein or change the workouts or hire someone or something.

So I got a gift for you guys. Thank you. on your page, and then if they wanted to visit online, I'm at infinitebodyhealth.com. It's the name of my practice, infinite body health.

And then they can definitely reach me there. I have social media, also Instagram and things like that, same name. Okay, wonderful. Well, thank you so much for being here and for all the insights that you gave us today.

And thank everyone for joining me on the functional edge.

Where to Learn More and Closing Remarks

I hope today's episode gave you fresh insights and practical tools to level up your life. If you found value in what you heard, don't forget to hit subscribe, share the podcast with someone who needs it, and leave a review.

It's the best way to support our mission of bringing powerful health solutions to more people. So for more resources, updates, and behind the scenes content, visit drjuliaward.com.

And until next time, stay strong, Stay healthy, And keep living on the functional edge. Thank you for joining me on The Functional Edge. I hope today's episode gave you fresh insights and practical tools to level up your life.

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