

FITNESS HEALTH

FIT AT FORTY AND FOREVER

BY PATRICIA YARBERRY ALLEN, M.D.

August 12, 2019

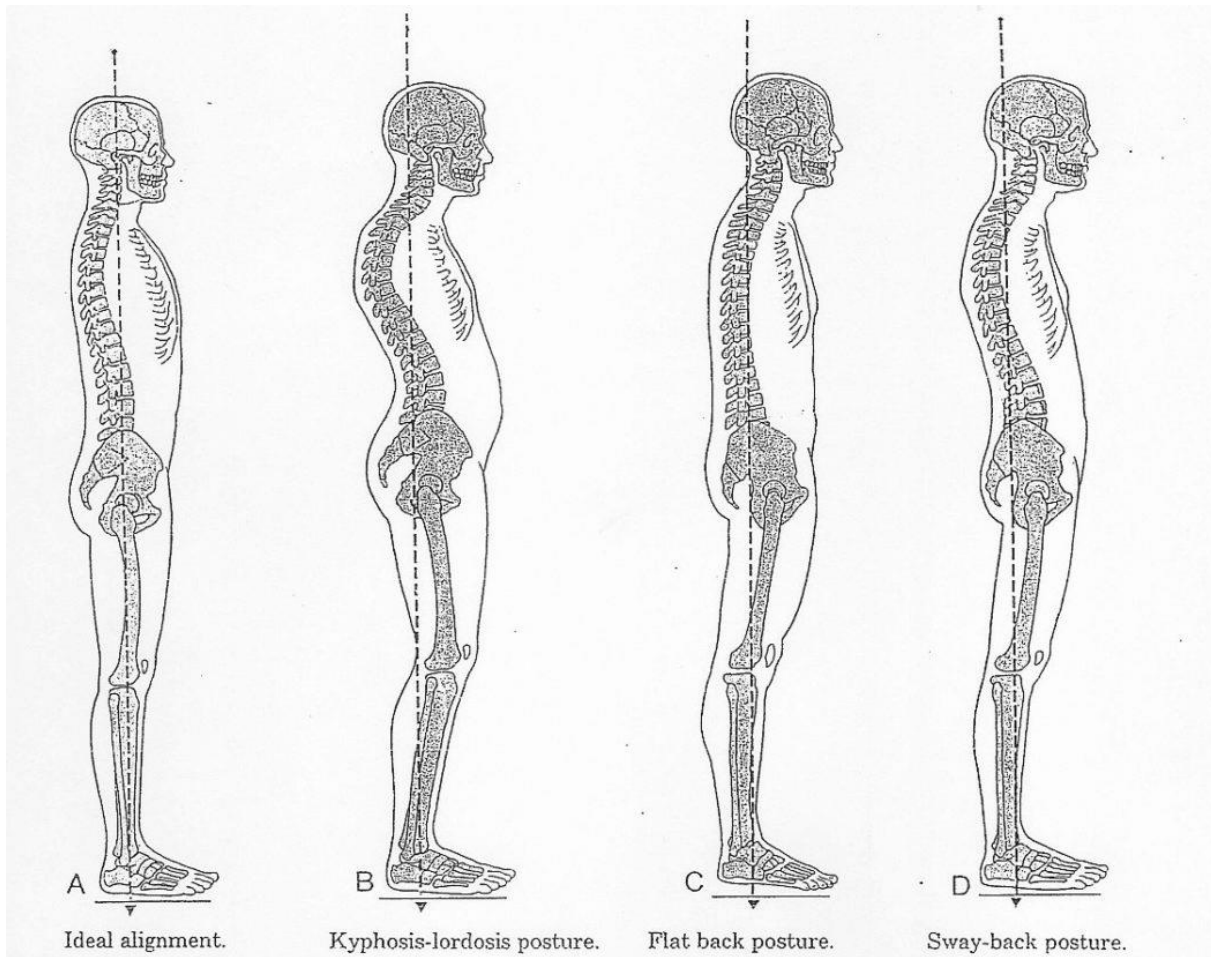


While it is almost never too late to begin an effective exercise program, experts in the field of Physiatry and Sports Medicine certainly urge women who have not been focused on musculoskeletal health and exercise before forty, to begin a comprehensive exercise program. A sedentary lifestyle increases the risk of cardiovascular disease, diabetes, cancer, obesity, metabolic syndrome, mood disorders, sarcopenia (muscle loss), balance disorders and subsequent injuries from falls, osteoporosis, neck and back pain and overall mortality. Today, [Dr. James Wyss, MD, PT](#), a member of our medical advisory board, discusses the benefits of an active lifestyle and promotes the concept that exercise is medicine without a prescription.

[The American College of Sports Medicine](#) (ACSM) has provided recommendations that include 150 minutes of moderate intensity aerobic exercise per week and strength training exercises for all the major muscle groups of the body two to three times a week. These forms of exercise help to maintain endurance, cardiovascular and pulmonary health along with maintenance of normal muscle mass and bone density. More recent guidelines from the ACSM include recommendations for neuromotor exercises — yoga and tai chi to improve balance, coordination and agility — to be performed two to three times a week. These are recommendations that require a significant weekly time commitment — approximately 5 hours a week — but “exercise is medicine” and this is a major investment in your health. (See [“The Yoga of Turning 40,”](#) by Jessica Caplan)

Age forty is the right time for women to develop injury prevention strategies to both maintain and continue to advance a personal exercise program. Find ways to warm up with 10 minutes of light activity that mimics the exercise you will be performing that day. Passive stretching before an activity (which we were all told to do in high school gym class) actually decreases muscular performance. So before jogging it would be wise to walk briskly, perform dynamic stretches/movements to wake up the knees and hips to prepare for running safely. Then perform passive stretching to improve flexibility during the cool down period, and include some time for walking to slowly decrease the heart rate to its baseline state.

Cross training is another extremely important concept. Many athletes develop overuse injuries by performing the same exercises over and over again. Choosing a variety of exercises to perform each week will decrease the risk for overuse injuries. Runners can be susceptible to knee injuries, and swimmers can encounter shoulder injuries. (Mixing running and swimming can reduce the risk of both injuries.) The plan for avoiding overuse injuries includes proper warm-up, good posture and addressing muscle imbalances.



Many women reach their 40s with postural problems. This is certainly the time to change that. Good posture is an extremely important part of musculoskeletal health. Proper spine alignment is the foundation for healthy movement patterns. If your posture is poor consider seeking help from a physical therapist to correct muscle imbalances (tight chest muscles and weak shoulder blade muscles) and to relearn proper alignment of the spine (see above illustration: head over the shoulders, hips in line with the trunk). Once you have aligned your spine, you can begin incorporating core strengthening exercises that may help prevent injuries, like low back pain, and will improve your overall physical functioning. (See [“Good Posture: How to Gain and Maintain It,”](#) by Evelyn Hecht)

This is the decade to find a health care professional who will help you maintain good musculoskeletal health. Many medical specialists help patients maintain normal blood pressure, lower cholesterol and prevent heart disease, however, very few specialists focus on musculoskeletal health. General orthopedists, sports medicine specialists and/or physiatrists (doctor of physical medicine and rehabilitation) are potentially good choices when common

sources of pain that may negatively impact your overall function occur. Low back pain, neck and shoulder pain, ankle, knee or hip pain can limit mobility and force a more sedentary, and a less-than-healthy lifestyle. With proactive medical care, recovery can be quicker and then key therapeutic exercises can be used to prevent injury recurrence. This allows the maintenance of an improved quality of life that includes participation in an ongoing personal exercise plan.

References

1. Ford, E.S. & Caspersen, C.J. (2012). Sedentary behaviour and cardiovascular disease: a review of prospective studies. *Int. J. Epidemiol*, 41, 1338-1353, doi: 10.1093/ije/dys078.
2. Edwardson, C.L., Gorely, T., Davies, M.J., Gray, L.J., Khunti K., Wilmot, E.G., ... Biddle, S.J.H. (2012). Association of sedentary behaviour with metabolic syndrome: a meta-analysis. *PLoS One*, 7, doi: 10.1371/journal.pone.0034916
3. De Rezende, L. F. M., Rodrigues Lopes, M., Rey-López, J. P., Matsudo, V. K. R., & Luiz, O. do C. (2014). Sedentary behavior and health outcomes: An overview of systematic reviews. *PLoS ONE*, 9, doi:10.1371/journal.pone.0105620.
4. Buman, M.P., Winkler, E.A., Kurka, J.M., Hekler, E.B., Baldwin, C.M., Owen, N., ... Gardiner, P.A. (2014). Reallocating time to sleep, sedentary behaviors, or active behaviors: associations with cardiovascular disease risk biomarkers, NHANES 2005-2006. *Am J Epidemiol*, 179, 323-34.
5. Lynch, B.M. (2010). Sedentary behavior and cancer: a systematic review of the literature and proposed biological mechanisms. *Cancer Epidemiol Biomarkers Prev*, 19, 2691-2709.
6. Thorp, A.A., Owen, N., Neuhaus, M. & Dunstan, D.W. (2011). Sedentary behaviors and subsequent health outcomes in adults a systematic review of longitudinal studies, 1996-2011. *Am J Prev Med*, 41, 207-215.



PATRICIA YARBERRY ALLEN, M.D. is a Gynecologist, Director of the New York Menopause Center, Clinical Assistant Professor of Obstetrics and Gynecology at Weill Cornell Medical College, and Assistant Attending Obstetrician and Gynecologist at New York-Presbyterian Hospital. She is a board certified fellow of the American College of Obstetrics and Gynecology. Dr. Allen is also a member of the Faculty Advisory Board and the Women's Health Director of The Weill Cornell Community Clinic (WCCC). Dr. Allen was the recipient of the 2014 American Medical Women's Association Presidential Award.

Source: <https://womensvoicesforchange.org/fit-at-forty-and-forever.htm>