

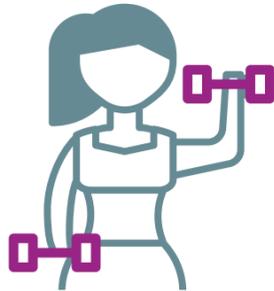
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facts about physiotherapy and menopause



1

Menopause accelerates muscle mass loss



Physiotherapists can identify early signs of muscle mass loss due to oestrogen decline in midlife women and address it by:

- prescribing progressive resistance training
- incorporating strength, balance and functional components.

2

Postmenopausal oestrogen decline increases fracture risk



Physiotherapists play a crucial role in early intervention and prevention of menopausal osteoporosis-related complications by:

- educating patients on risk factors such as physical inactivity, poor posture and falls risk
- prescribing exercise programs to slow bone loss and enhance skeletal strength
- helping to prevent fractures through balance training, home hazards assessment and posture correction.

3

Menopause impacts tendon, ligament and joint health



Oestrogen decline during menopause increases the risk of tendinopathies and joint instability and slows down tendon repair processes. Tendon and ligament health can be maintained by:

- hormone replacement therapy
- physical activity focused on strength, flexibility and stability.

4

Genitourinary symptoms are common in menopause



Genital, sexual and urinary dysfunction in menopause can be addressed through:

- lifestyle modifications
- pelvic floor muscle rehabilitation, bladder training and bladder/bowel management
- medical management with vaginal oestrogen.

5

Menopause affects mental health



Hormonal fluctuations contribute to sleep disturbances, fatigue, anxiety, depression, mood changes and cognitive symptoms. Physiotherapists can support people through the menopause transition by:

- recognising menopause-related mental health concerns
- providing tailored exercise prescriptions to improve mood and cognition.

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