For Older Women with Skeletal Changes, Beauty Is More Than Skin Deep
Wendi Evans, Physical Therapist

Ideally, women of advancing age radiate the beauty, expressiveness, and quiet confidence that comes from years of gaining wisdom and leaving stresses of earlier life behind. But for older women with osteoporosis or osteoarthritis, remaining attractive into the oldest decades of life can pose special difficulties. Plainly put, it is tough for someone in constant pain or who can barely straighten up to look—and feel—beautiful.

Osteoporosis and osteoarthritis are chronic, degenerative diseases that cause pain and loss of mobility and flexibility. Osteoporosis is a common skeletal disorder that weakens the bones; half of all women over 50 will have an osteoporosis-related fracture in their lifetime. Osteoarthritis is a common joint disease that mostly affects the cartilage; about half of the population age 65 or older has it in some degree.

Along with medications, physical therapy with a holistic approach can help improve posture and function, as well as aid in managing pain, in both these diseases.

A holistic approach includes evaluation and treatment. The initial physical therapy examination will evaluate the whole body, not assume that where it hurts is where the basic problem lies. Treatment will first target the primary areas of restriction, rather than go straight for the site of the pain.

An awareness of biomechanics is crucial. The degenerative processes of osteoarthritis, for example, change the way joints are aligned. This places abnormal forces on the joint surfaces and surrounding tissues, leading to pain, muscle guarding (spasm), tendonitis, and/or nerve impingement (irritation). The body tries to protect these restricted or painful areas with a change in posture. Postural compensation may temporarily relieve some symptoms, but the soft tissue may tighten in some areas, the muscular support may weaken in other areas, and the joints may lose their mobility. Eventually, the patient may find that she can no longer straighten up and correct her posture.

Manual therapy in the PT office—perhaps drawing on the techniques of cranial sacral therapy, myofascial release, or visceral manipulation—can help restore mobility. These techniques can release soft tissue tightness, mobilize joints and apply gentle forces to help the body realign itself, reducing pain and promoting more normal biomechanics.

"Homework" is equally important. Typically, a complete postural re-education program is required. The individualized program starts with very gentle exercises to be practiced on the floor or bed, then moves on to specific resistive and weight-bearing exercises. These exercises strengthen the postural muscles, allowing the client to carry herself straighter. Stronger muscles reduce forces on the front of the vertebrae, where compression fractures most often occur from osteoporosis.

Part of the program is learning how to move properly, using proper body mechanics. Clients must learn to avoid certain movements and postures that are dangerous, such as bending forward, slumping when sitting, or twisting.

The physical therapist can provide expert advice, but the patient must herself take responsibility and be involved in her own recovery — exercising on her own at home and training to modify her lifestyle.

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