

Training After 40. Getting Going & Avoiding Injury

Building the everyday athlete.

“The best ability is availability.”

Introduction

- Benefits of Training
- Building a Base
- Load Management
- Pain
- What to do when it's not going well

In our distant past we were hunter-gatherers, and our bodies are designed to be physically active.

So, if an active 80-year-old has a similar physiology to an inactive 50-year-old, it is the younger person who appears older than they should be, not the other way around.

We often confuse the effects of inactivity with the ageing process itself, and believe certain diseases are purely the result of getting older.

Actually, our modern sedentary lifestyles have simply speeded up our underlying age-related decline. This contributes to the onset of diseases such as type 2 diabetes, cardiovascular disease and cancer.

Many of us are simply not active enough. In England fewer than half of 16-24 year olds meet the recommendation for aerobic and muscle strengthening exercises; for 65-74 year-olds, it falls to fewer than one in 10.

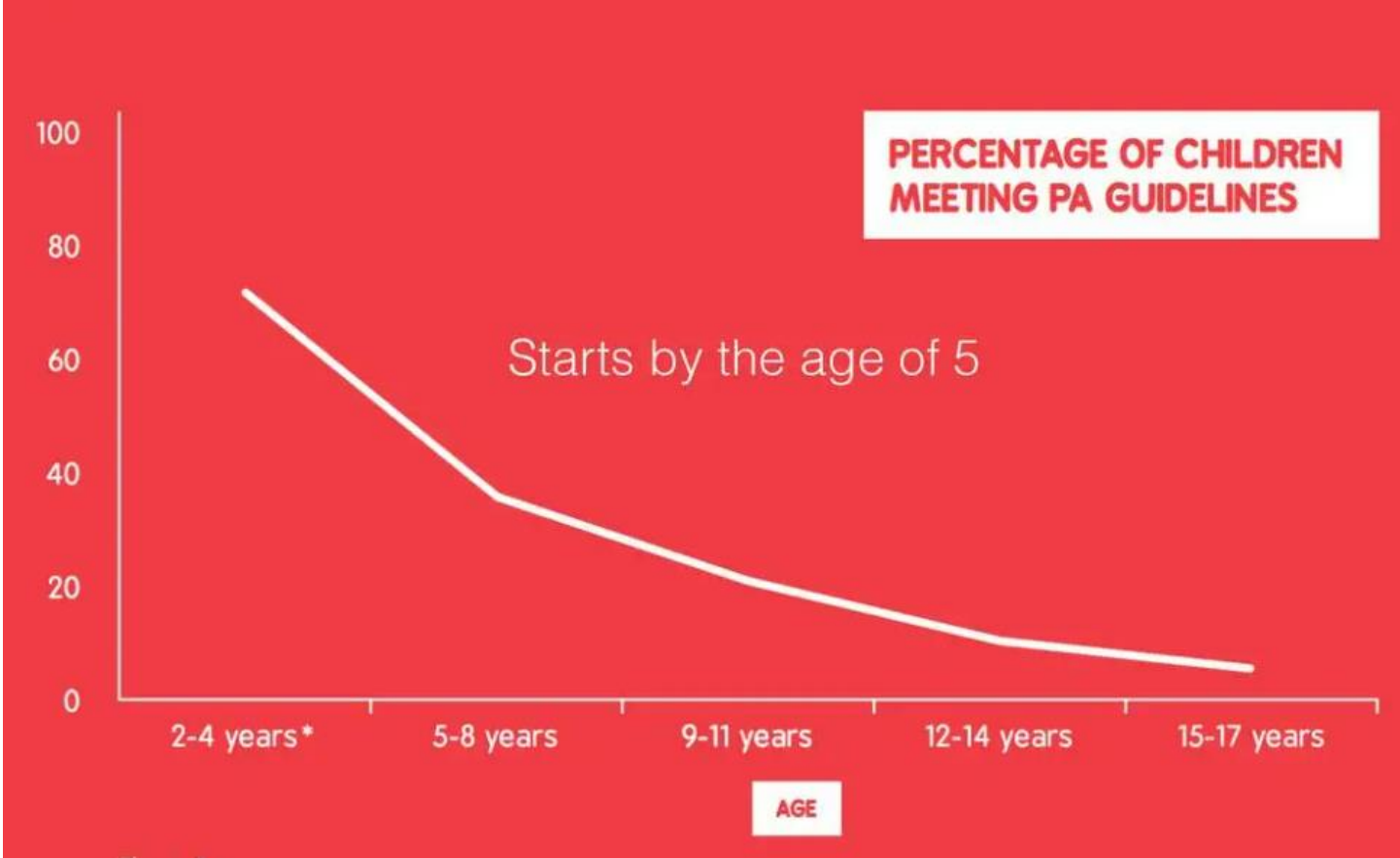
Chief Medical Officer – Physical Activity

- For good physical and mental health, adults should aim to be physically active every day.
- Adults should do activities to develop or maintain strength on at least two days a week, but any strengthening activity is better than none.
- Each week, adults should accumulate at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity.
- Adults should aim to minimise the amount of time spent being sedentary.

Benefits of Training

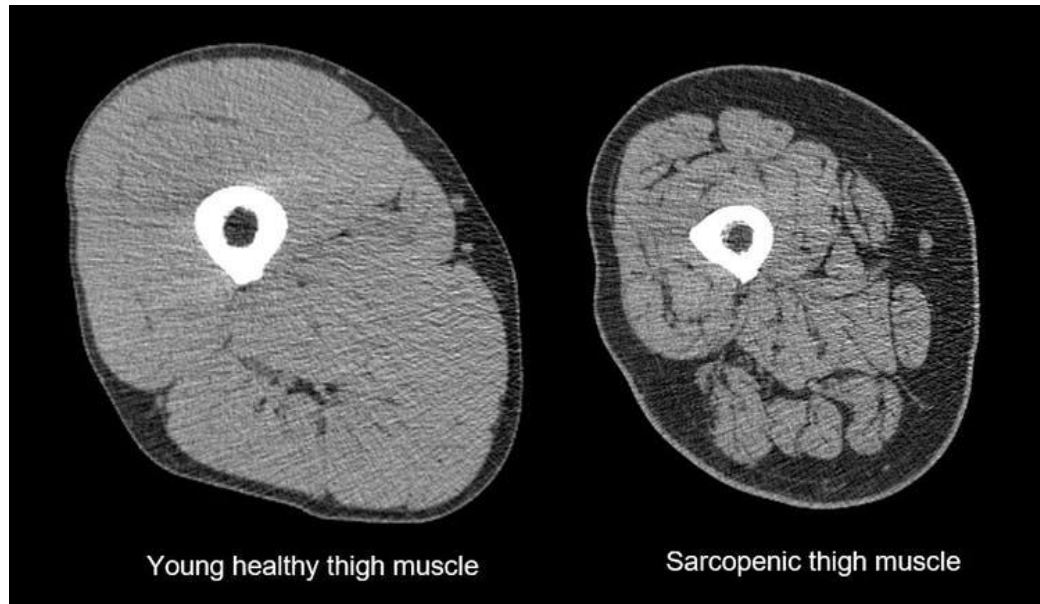
- Improved quality of life
- Increased resilience to disease
- Ability to manage body composition
- Mental wellbeing
- Increased responsibility for health

Oh, and here's how the kids are getting on

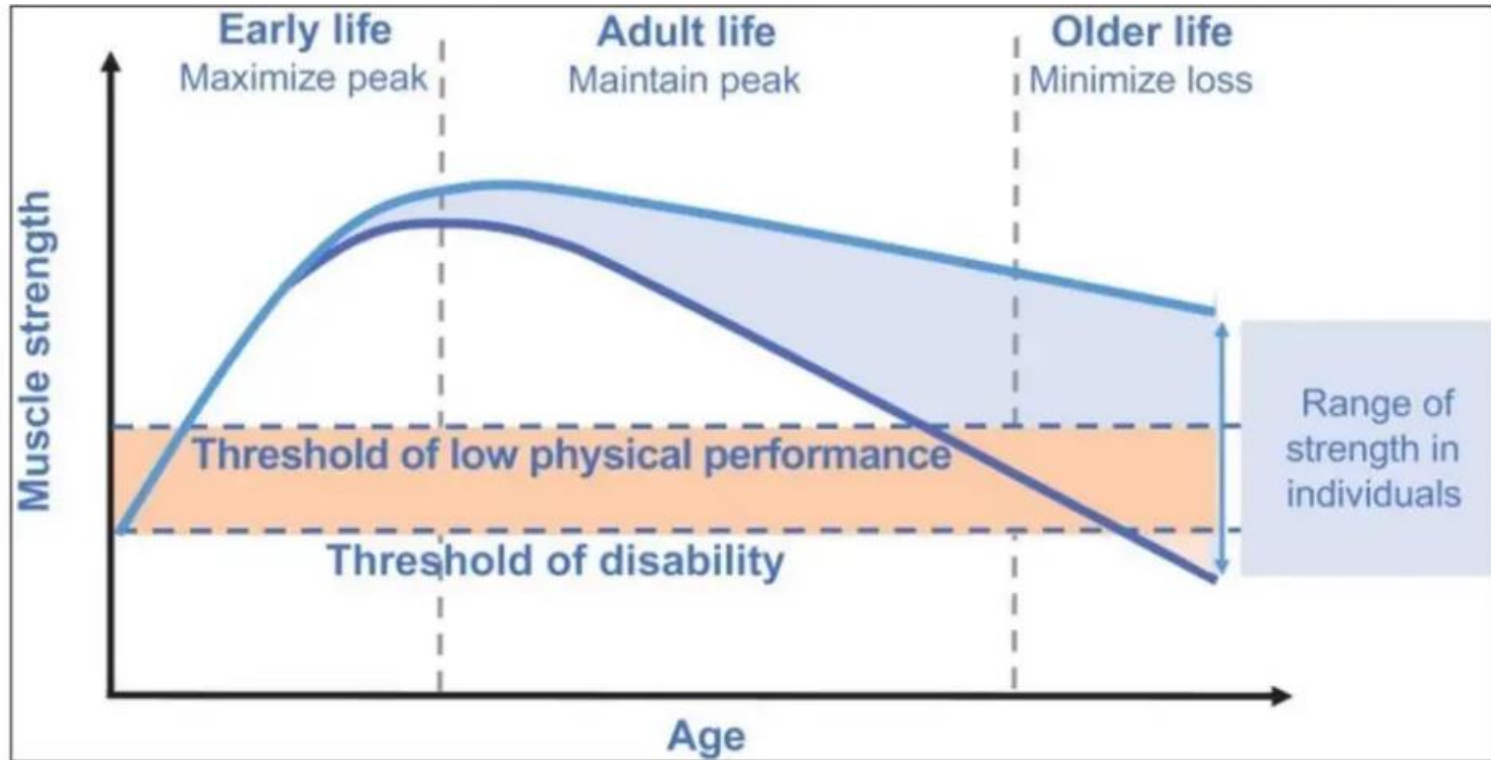


Sarcopenia

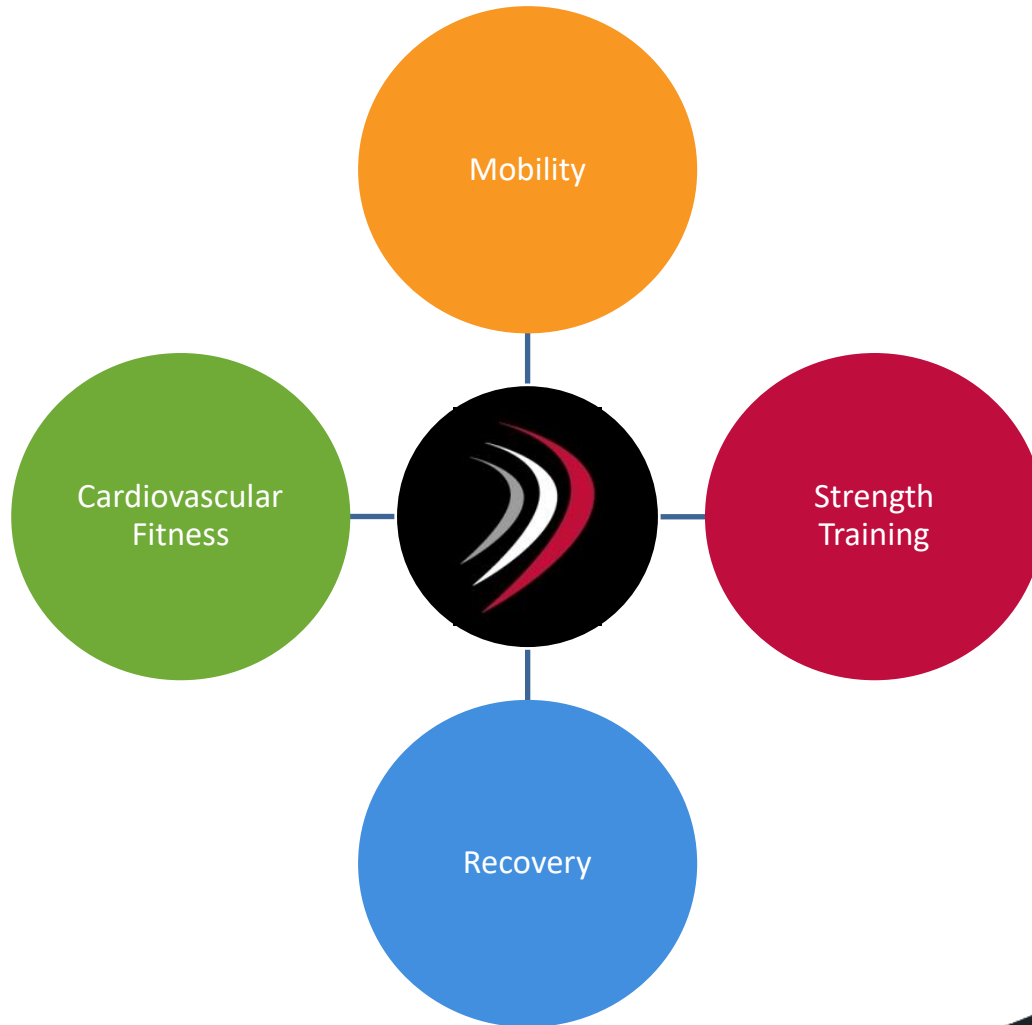
- From the age of 45 we can lose 3% of muscle per year
- **Reduced ability to perform daily tasks**
- Reduced bone strength / risk of Osteoporosis
- Reduced activity fast forwards the effects of sarcopenia
- Increased biological age...



Sarcopenia



Building a Base



Mobility

Flexibility is your range of movement where as mobility is the quality & control of the range of movement.

We start the same so why by mid adulthood do we see so many people struggling with very basic movement?

Lack of mobility is often associated with ageing when in fact, it can normally be put down to lack of use, injury and perhaps illness or surgery that have not been recovered from.

It can, under most circumstances, be restored.

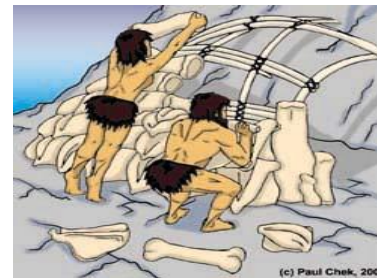
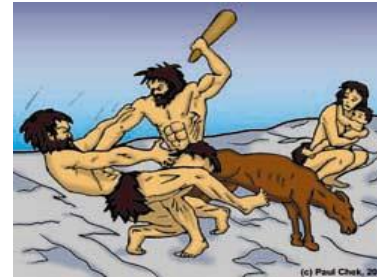
Mobility

“Flexibility is intrinsically linked to injury prevention and management but, the science on this concept is poor. Many injuries are caused by having a lack of control, in particular near end range of movement so therefore gaining more movement doesn’t stack up. What does seem to work better is mobility and strengthening, especially slow controlled movement toward the end range of movement so that you have greater control under load.”

Strength

- Reverse or decreasing the effects of sarcopenia
- More strength for active daily life, hobbies and sports
- Increased resilience to injury
- Reduction in risk slips and falls
- Increased ability to participate fully in life
- You're also increasing mobility and cardiovascular function... if training well that is

Strength



Cardiovascular Fitness

- Increase in metabolic flexibility
- Lower resting heart rate
- Lower blood pressure
- Improved insulin resistance
- Lower risk of injury
- Increased tolerance to load



Building a Base

Summary:

All modes of exercise have great value.

What's your 'low hanging fruit?'

Where can you get the best gains?

Load Management

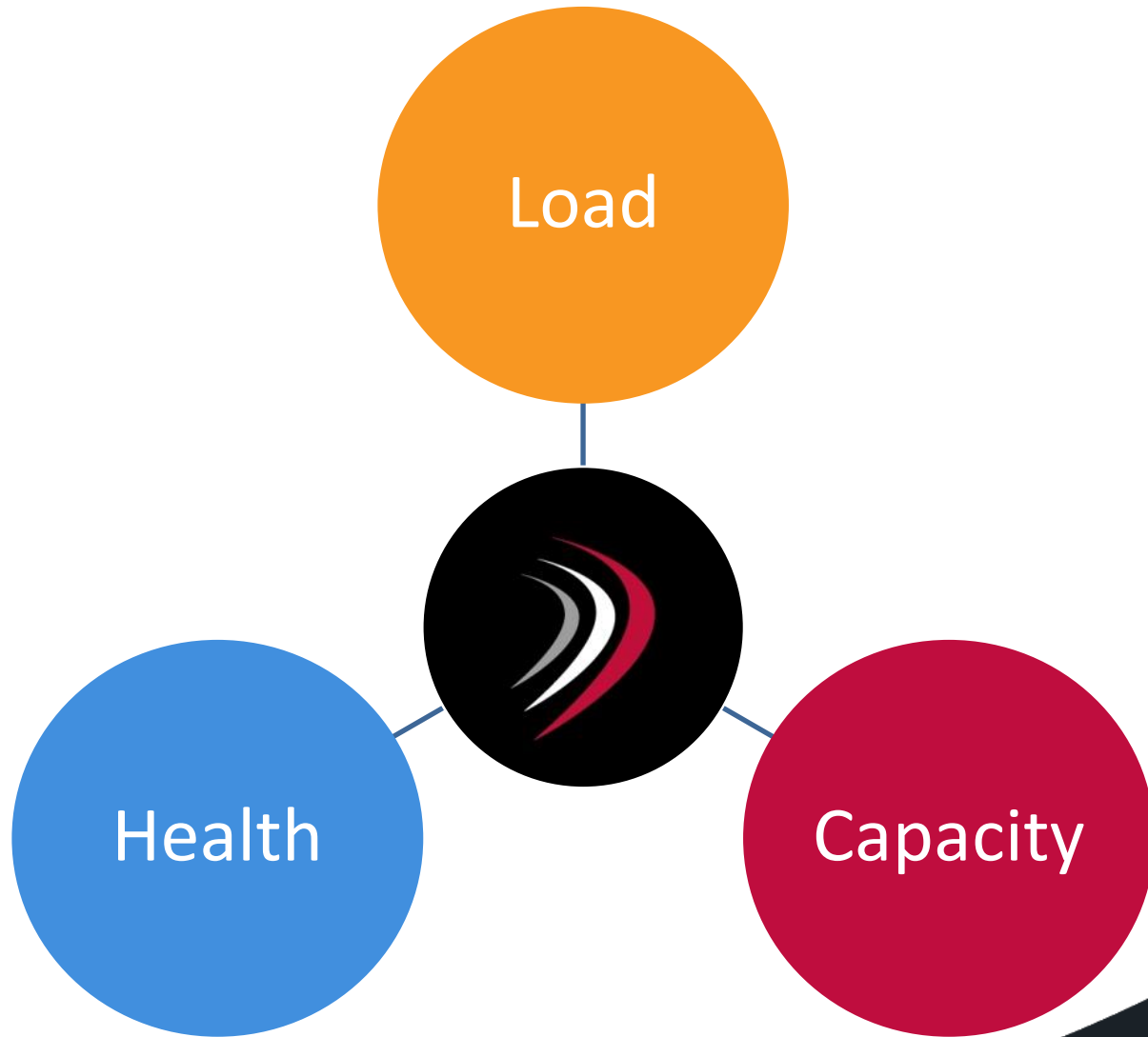
Load management is simply the application of basic training principles....

- Progressive Overload
- Variation
- Specificity
- Recovery
- Individualisation
- Reversibility

Load Management

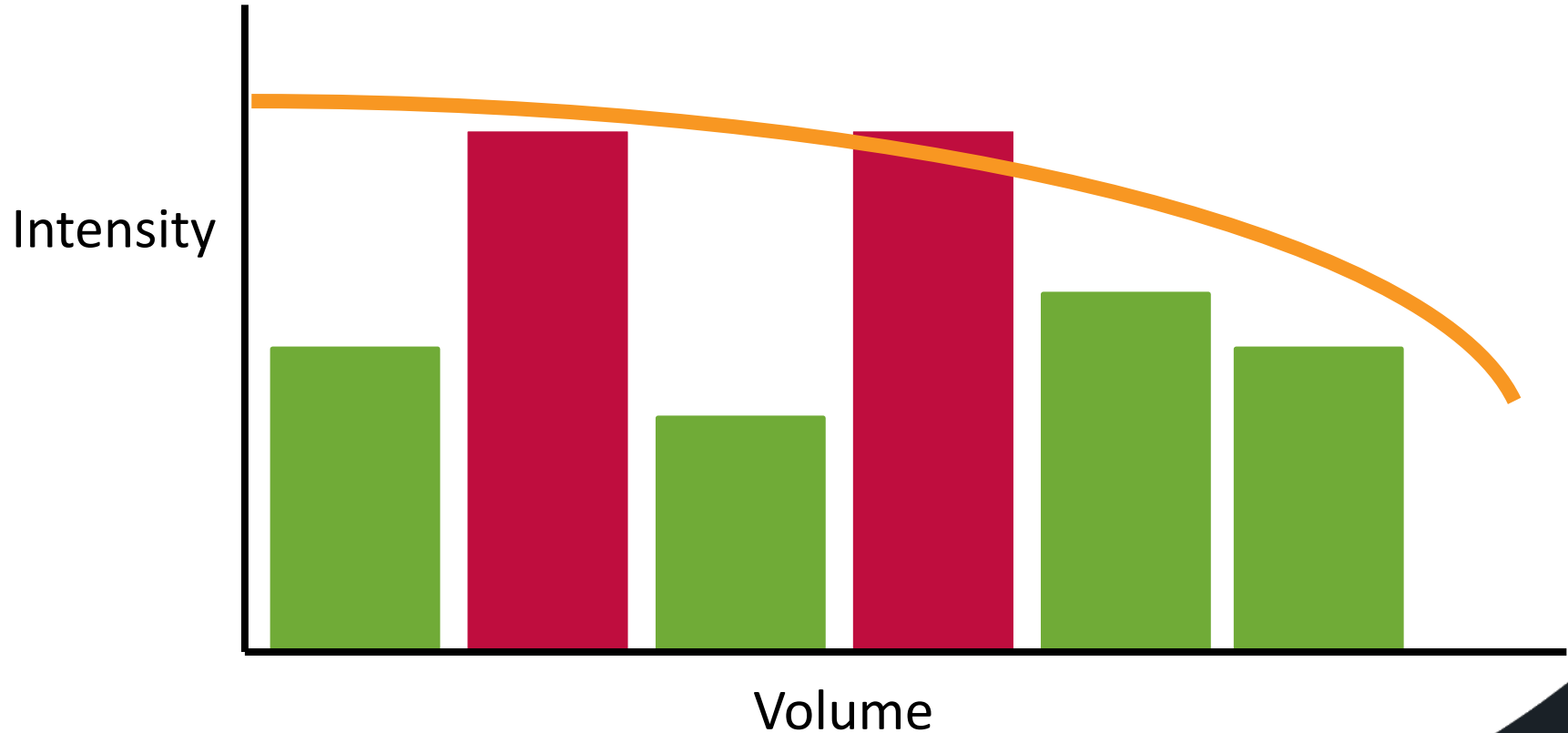
- The best athletes tend to have the higher training load
- If we load at the right level we promote increased performance
- If we load too much we promote overuse injuries and poor performance
- Increases in health affect performance.

Load Management

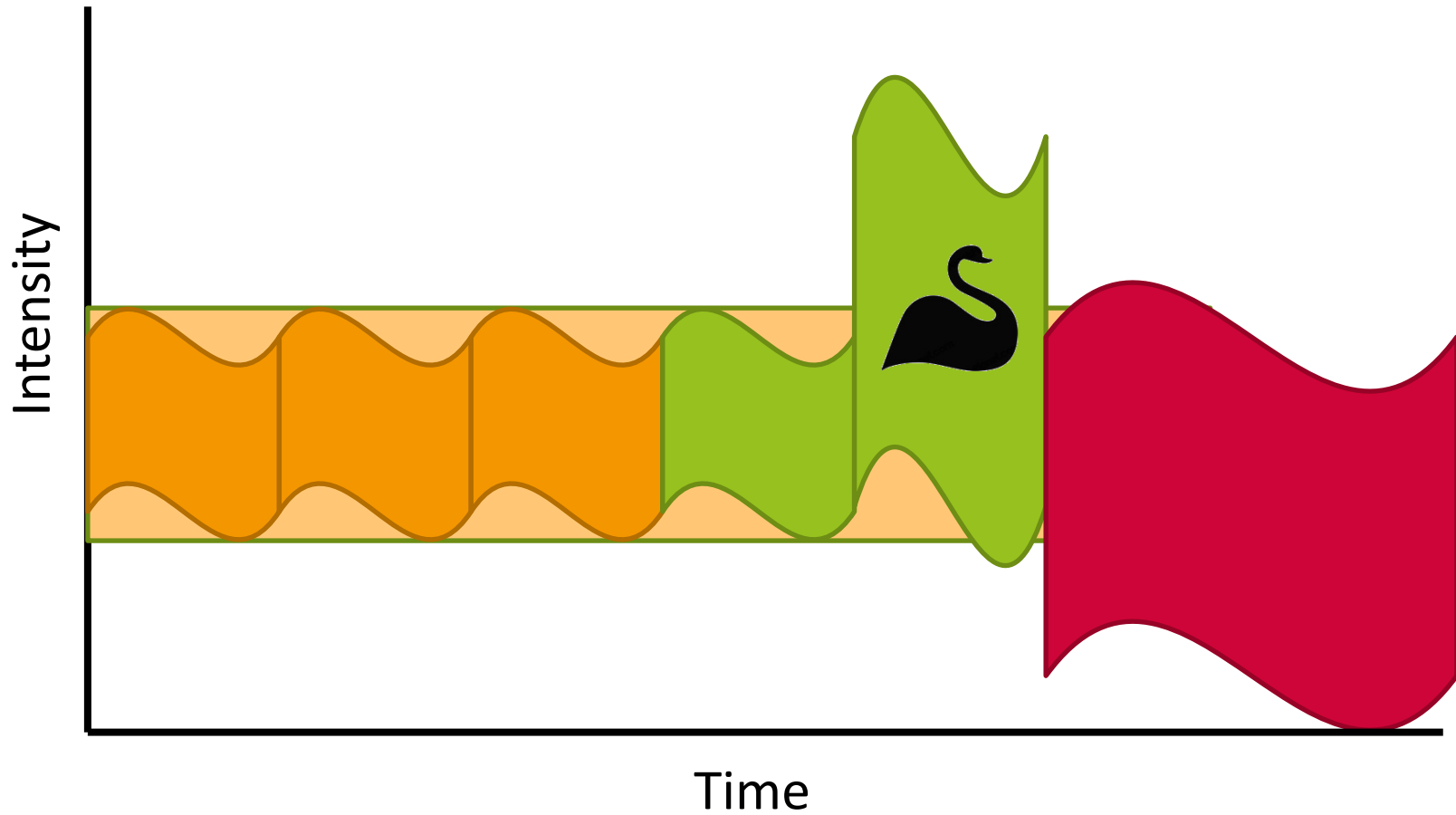


Managing Workload. Slowly, Slowly Catchy Monkey!

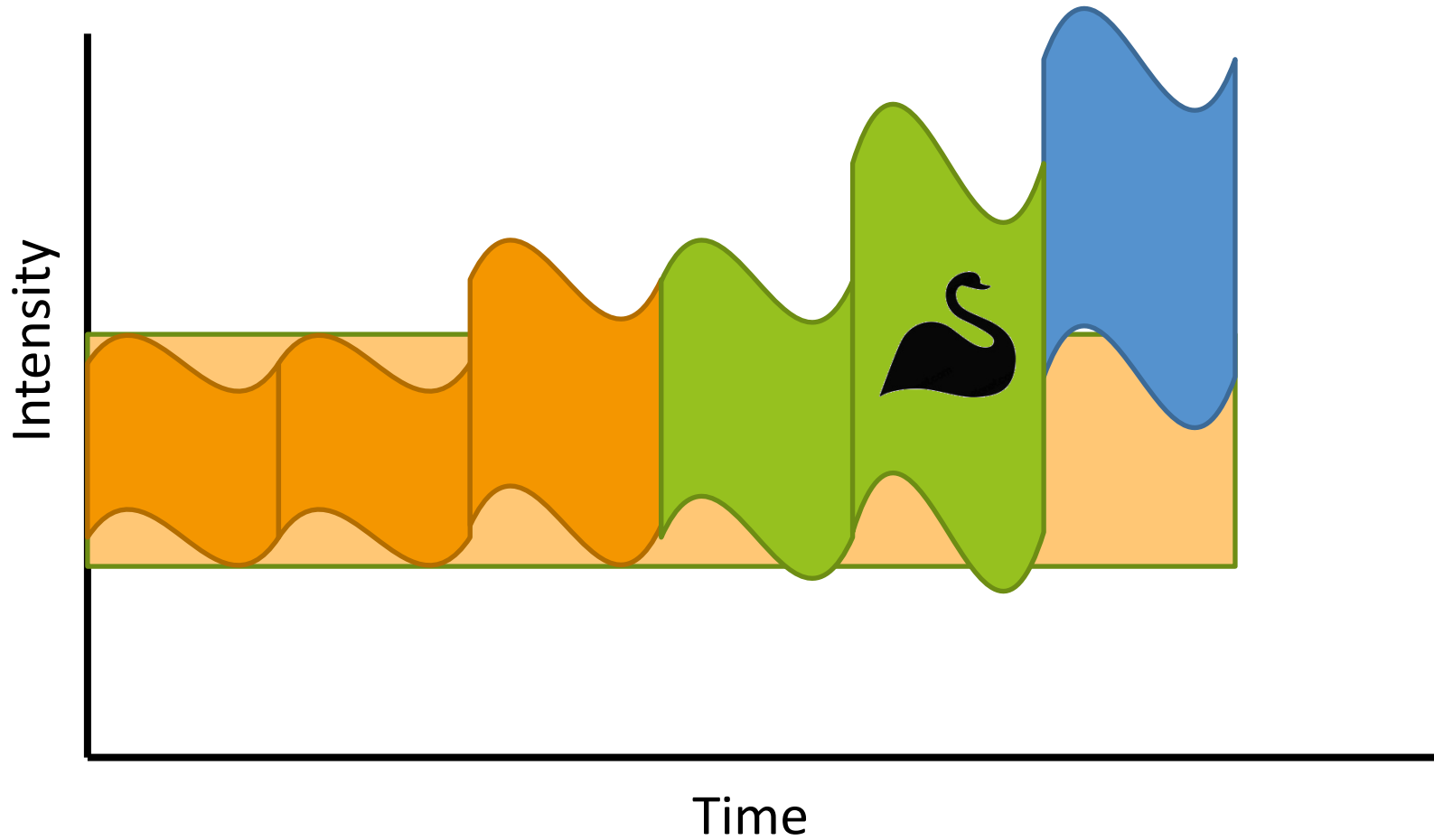
Dr Stu McGill's Fatigue Diagram



Becoming Antifragile & Coping with Black Swan Events



Becoming Antifragile & Coping with Black Swan Events



How to get started...

1. If we ramp up training too quickly we get exposed to injury
2. If we don't train enough we get stuck in a chronic rehab situation due to low capacity

Q: So, what's the best way to improve capacity?

A: To look at a person's health

Sleep?

Hydration?

Stress?

Nutrition?

Managing a niggle...

1. Missed sessions lead to a drop in capacity due to a decrease in work... so stopping doesn't always make sense. In fact it increases fragility!
2. There's almost always something we can do
3. Be flexible – think sidestepping rather than ploughing on
4. Can we change load?
5. Can we change exercise?
6. Can we change mode of training?
7. Any load is good load!
8. Consistency of training is key!

Load Management

Summary:

Don't get caught in the intensity trap. There's value in all training.

Consistency is key, specifics come later. Just do something.

One mans pill is another mans poison.

Don't compare. Not with others or yourself on another day

Pain

“If we can appreciate that pain is a protective device, not a measure of tissue damage, (and) we can communicate that to people, then we change the game”.

Prof Lorimer Moseley

Pain

PAIN

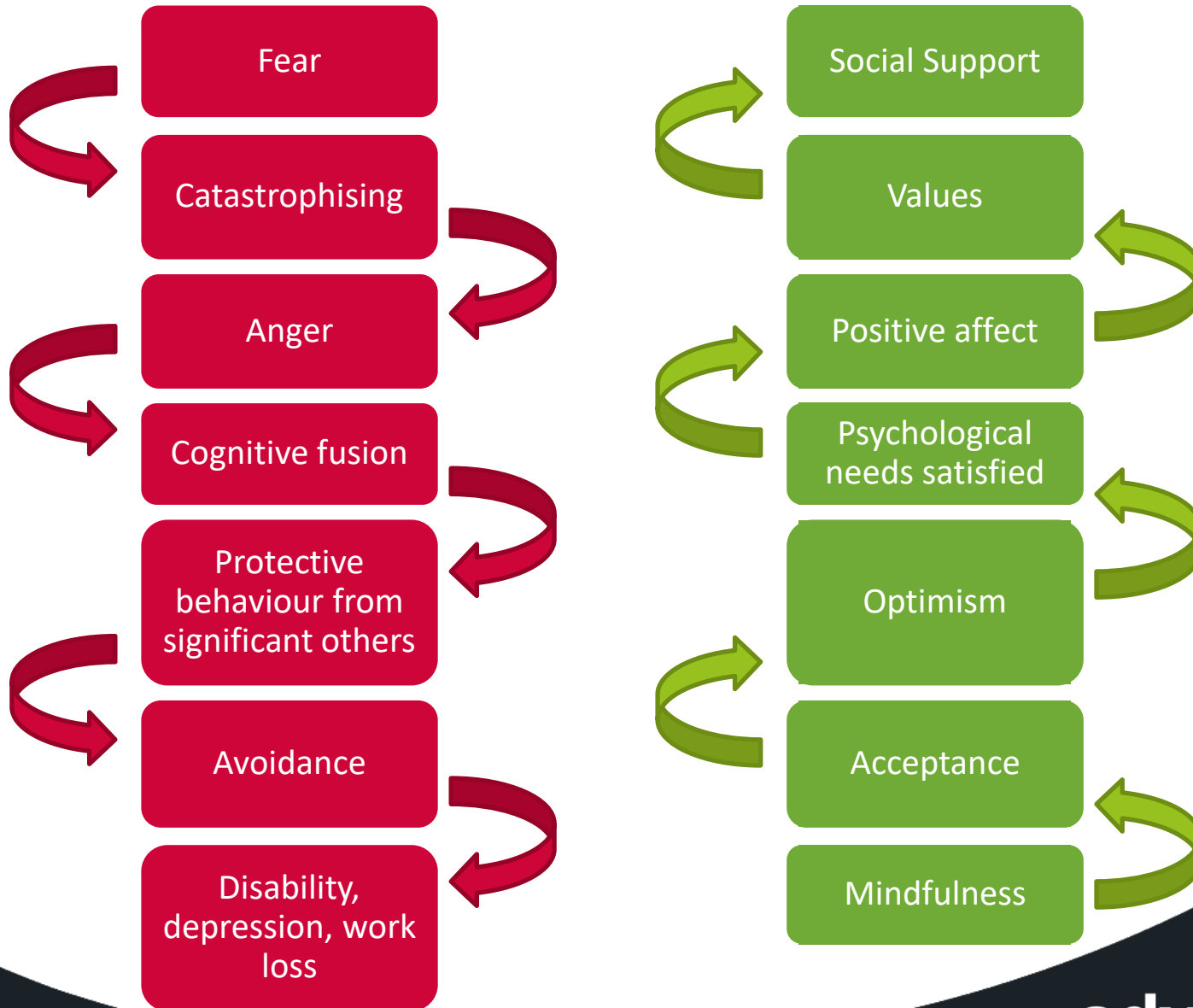


SCALES

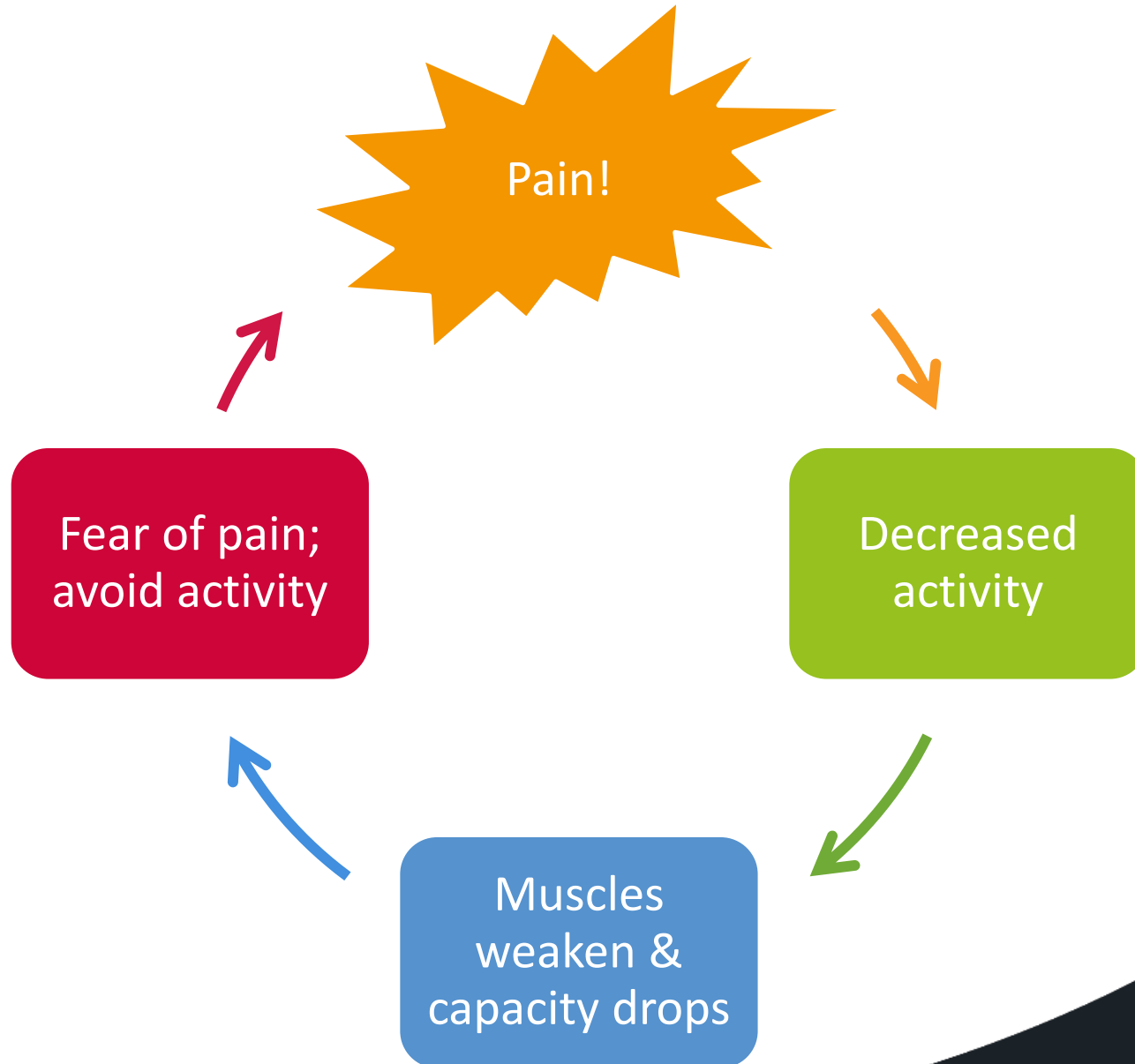


 The Sports Physio @adammeakins

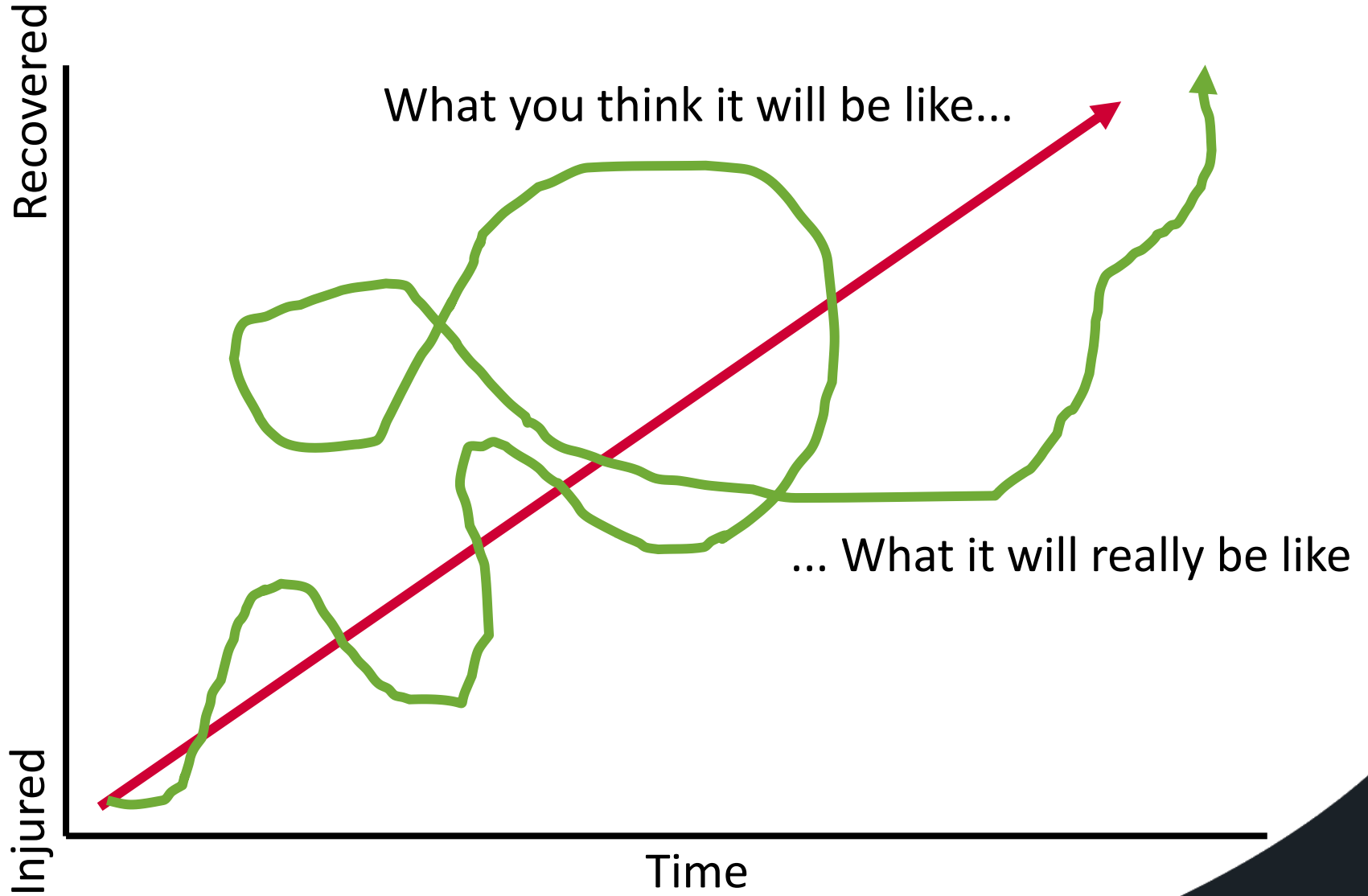
Pain – You ‘Take it’ or it ‘Takes You’!



Pain - what we are told to do..



Recovery is rarely straightforward...



Pain

Summary:

Hurt doesn't equal harm

Listen to your body and try different workloads / variations of exercises / modes of training to maintain your training

Adopt a flexible mindset to training going forwards

Don't poke the bear

Training without pain is golden

Clearing things up...

Words Matter!



"Degenerative or chronic disease"



Perceived to have no treatment or prevention.

"It's a normal part of aging. It's just wear and tear"



Dismissive in nature. Tend to link getting older with inevitably poor prognosis.

WEAR AND TEAR

"Bone on bone"



Provides an inaccurate depiction of what is occurring at the knee joint with movement. Highly nocebic, may ↑ fear avoidance.

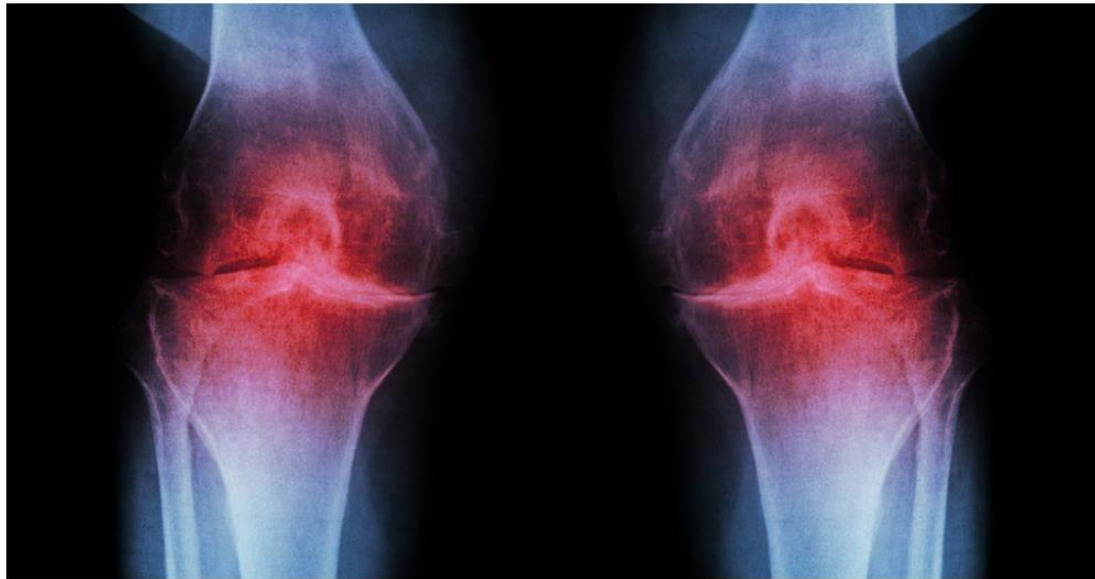
These words tend to decrease the patient's perceived control over their pain, as well as their self-efficacy. It also provides a false representation of knee OA as a disease that has no treatment, and a poor prognosis, in turn creating a sense of helplessness.

Arthritis –Wear & Tear?

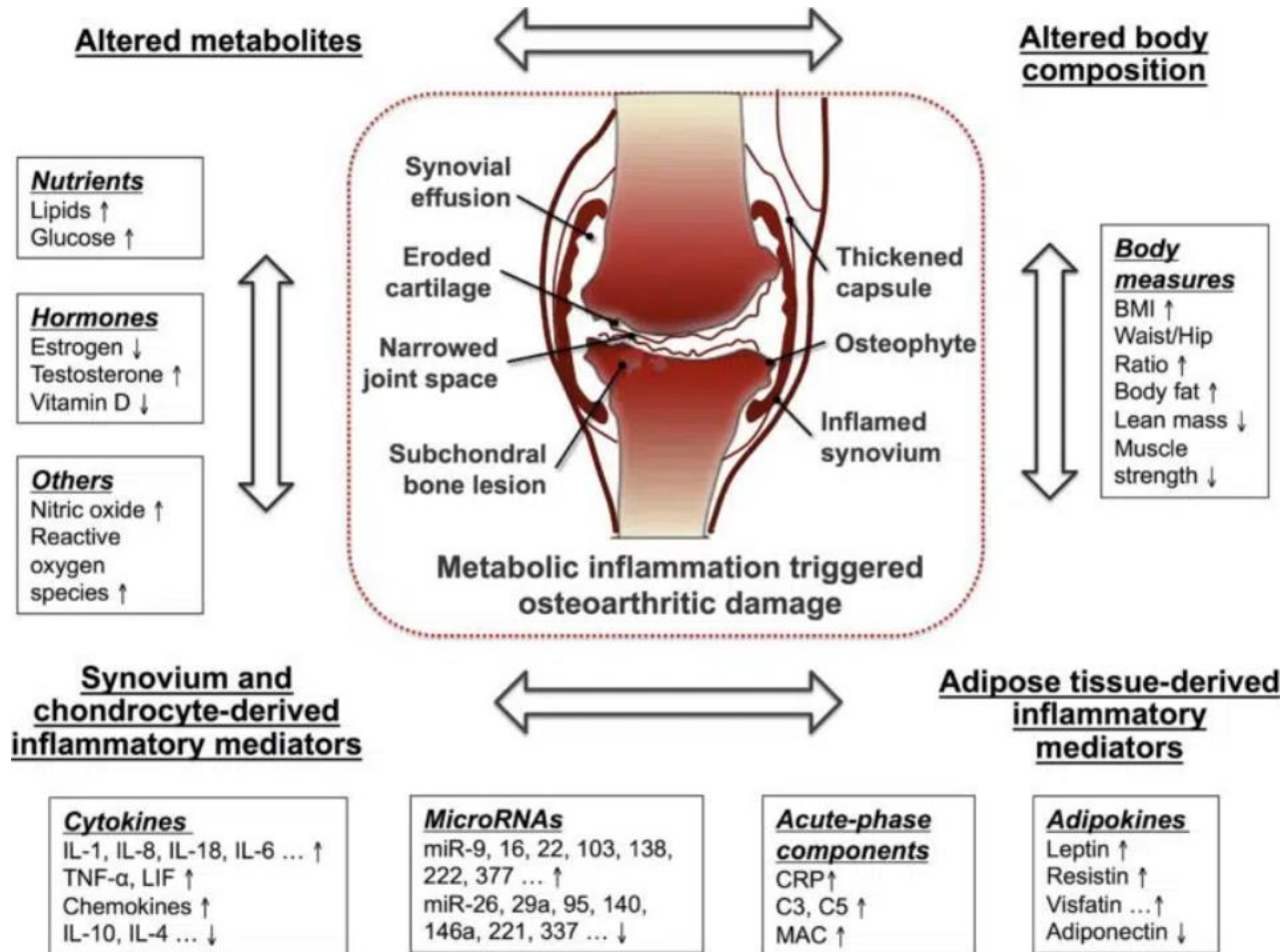
Exercise is good for joints with wear-and-tear arthritis

By Michelle Roberts
Digital health editor

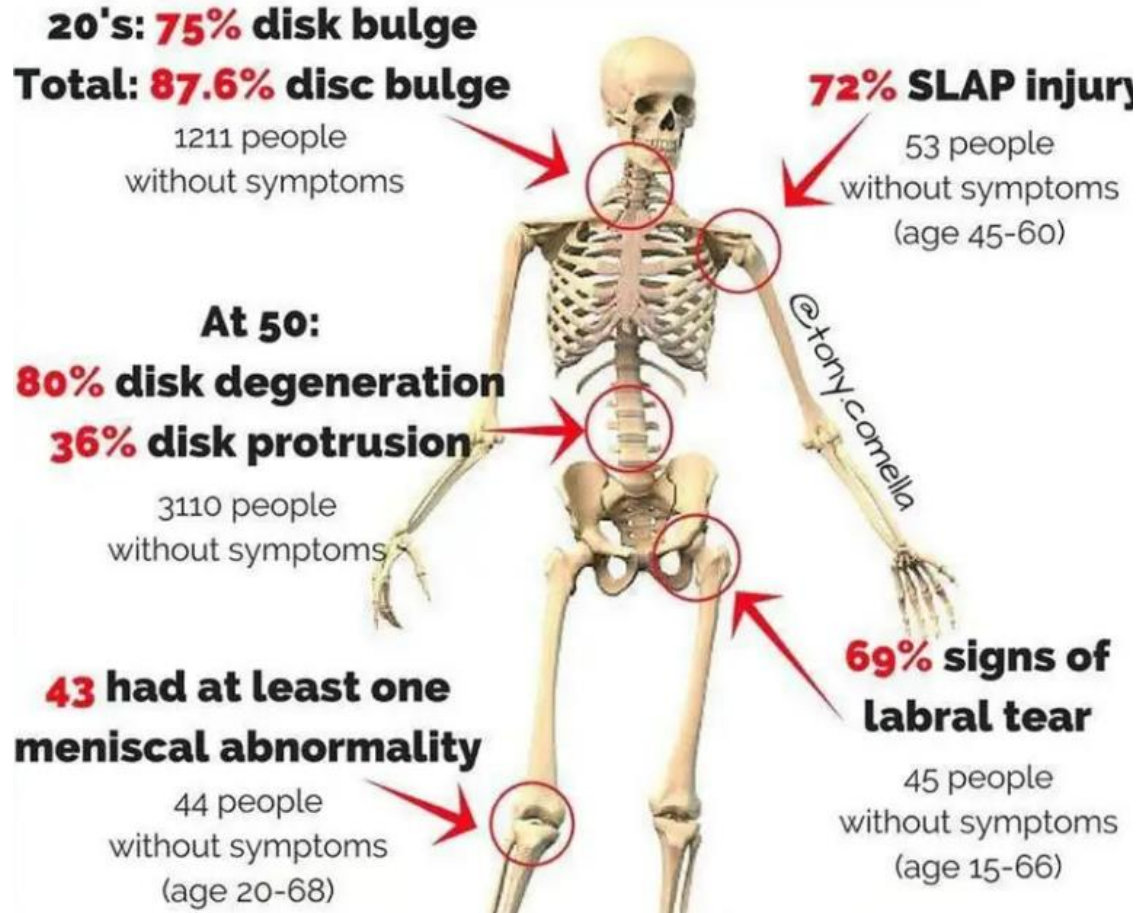
🕒 5 days ago



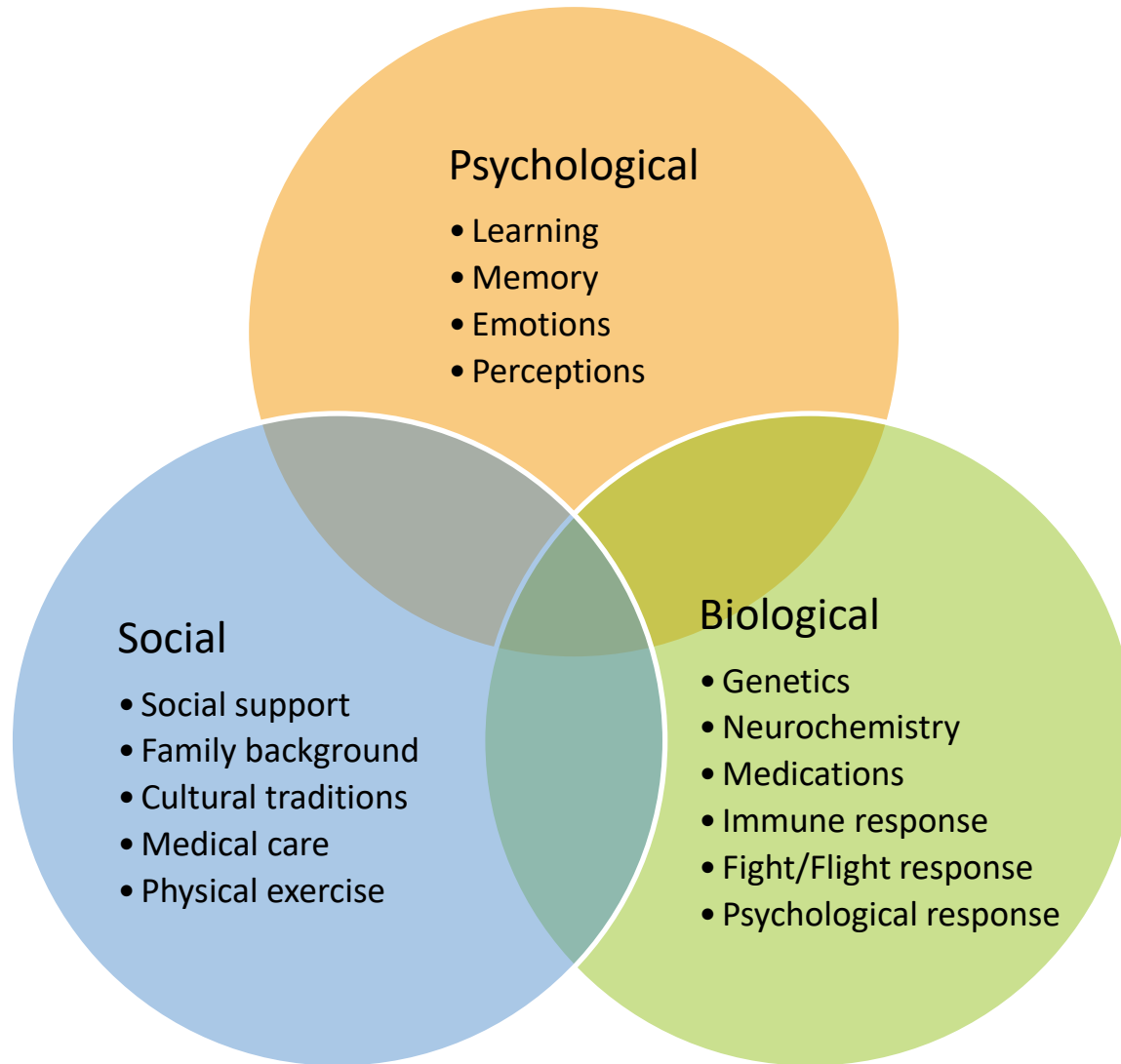
Arthritis –Wear & Tear?



Abnormal or Normal?



Time for a new approach?



Biopsychosocial model of pain

Championed by Butler and Moseley et al. 2000

Closing Notes

Summary:

The gross benefits of training are huge.

Along the way, there will probably be frustrating times

As we age we need to adopt a flexible mindset and not compare what we used to do

Consistency is king.



adywatts.com



facebook.com/adywattsSC



twitter.com/adywatts



01432 271576



info@adywatts.com