



Halifax Chiropractic Clinic

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LET'S BONE UP ON OSTEOPOROSIS by Dr. Brian S. Seaman, DC, FCCSS(C), FICC



As a health care professional I often have older patients, when I am reviewing their health history, report that they have "osteo". A few years ago, you could assume they were referring to "osteo-arthritis" which is the most common form of arthritis; generally the result of "wear and tear" or the sequela of an old injury (sometimes long forgotten; sometimes not).

However, more often than not, "osteo" is now referring to osteoporosis. This is a term used to describe a loss of your bone density, most often associated with age. However it can also be related to certain diseases or long term use of medications such as cortisone or Prednisone. "Osteo" is often referred to as the "silent thief" as it often develops and can be present, without warning or any symptoms.

Many seniors, especially women, are having what is referred to as bone density studies to determine what degree of bone loss they may have. In certain cases, these are repeated at intervals (perhaps 1-2 years) to assess for any improvement, usually as a result of the patient being prescribed a medication by their family physician. This could include hormone replacement therapy, and/or Actonel, Fosomax, or Didrocal (which are bisphosphonates) which allow bone rebuilding.

RISK FACTORS

There are a number of potential risk factors, which if this includes you, you should speak to your family physician about being further evaluated for osteoporosis. Osteoporosis affects women more commonly than men. Be aware if there is any family history of osteoporosis, if you are not physically active, having flown in space (in case you are planning on riding the shuttle!) or have had an extended period of bed rest. NASA has discovered difficulties with bone density with astronauts, due to the lack of gravity. Smokers are also at risk as well as those with excessive caffeine or alcohol consumption. If you experienced early menopause (before 45 years of age) this could be a factor as well.

BONE DENSITY STUDIES

A bone density study provides data to assess what degree of bone loss you may have. The World Health Organization (WHO) has established parameters which can assist your health care professional in providing you with information as to whether you have "osteo", and if so, to what degree. Your T-scores (related to peak bone mass) are the easiest way to interpret the results of your bone density study. This is a scale which will classify you as having normal bone density, osteopenic bone or osteoporotic bone.

Osteopenic – this is a new term for most of you. This means you have lost a little of your bone density, but not enough to be considered osteoporotic.

When you have your bone density study, various levels of your lumbar spine (lower back) as well as several areas of your non-dominant hip, are evaluated. Your non-dominant hip is the one opposite to the side you write with (ie. if you are right handed they will use your left hip). The general rule is that you have your subsequent testing done at the same location so that the results can be compared directly and provide a more accurate picture of your bone density.

As with any other test, or diagnostic imaging (ie. x-ray, MRI, CT scan, etc), be sure to tell your health care professional when a bone density study is scheduled or has been done. Your chiropractor will need to know this information in the event that treatment techniques being used have to be modified.

WHAT EXERCISES ARE BEST?

There are other things which you should be aware of as well. Exercise can be an important factor. If you are having back pain, and find it difficult to stay active or exercise, you should consult with your chiropractor. Chiropractic is often a very effective means of treating back

pain. Less back pain means more activity which is "good for your bones".

It is generally considered that any type of weight bearing exercise (such as walking or resistance training with hand weights or tubing exercises) helps to maintain or increase your bone density. It also helps with your balance which is very important as we grow older. Inactivity is not good at any time but especially so if you have "osteo". Unless your health care professional advises you otherwise, it is time to get outside in the fresh air for some walking. While swimming is often recommended as an exercise for those with back pain, it is not weight bearing. Low impact aerobics are good alternatives as well.

DOES A PROPER DIET HELP?

Nutrition in your diet is another factor. From the age of 19 to 50, we require 1000 mg of calcium and 200 IU of vitamin D. After the age of 50, we require 1200 mg of calcium and 400 IU of vitamin D. Beyond 70 years of age you require 600 iu of vitamin D. According to rules of nutrition, three 8 oz. servings of milk provides this level of calcium but vitamin D should be taken as well.

If you have questions about osteoporosis be sure to check with your health care professional or contact the Osteoporosis Society of Canada on the web at www.osteoporosis.ca or at 1-800-463-6842. It is an excellent source of information. This is a very important health issue, as of the estimated 25,000 hip fractures which occur in Canada every year, 70% are reportedly due to osteoporosis.

Be smart. Be informed. Be aware.

Exercise and stay active. Get enough calcium and vitamin D. Avoid excessive caffeine and alcohol.

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The Seniors' Advocate. P.O. Box 5005, Waverly, Nova Scotia, B2R 1S2

Halifax Chiropractic Clinic
6112 Willow Street
Halifax, NS B3K 1M2
Ph: 1 902 423-9223
Fax: 1 902 423-9666