

## Sports Therapy

- Acute and Chronic Injury Rehabilitation
- Overuse Injury Treatment
- Retraining for Return to Sport
- Taping and Bracing
- Pre-season Screening

## Spinal Therapy

- Joint Mobilization and Manipulation
- Exercise Prescription
- Postural Assessment
- Back and Neck Care

## GUNN IMS - Intra-Muscular Stimulation

## Pilates Based Core Stability Training

## ICBC Treatment of Injury Post MVA

## Active Rehabilitation Programs

## WCB Treatment for Work Related Injury

## Worksite Evaluation, Ergonomic Assessment & Wellness Program Development

## Functional Capacity Assessment and Medical Legal Reporting

## Women's Health

- Post Mastectomy
- Urinary Incontinence Training
- Pre and Post Natal Care
- Osteoporosis

## Joint Replacement Program

## Seniors Programs

- Fall Prevention
- Fitness
- Post Surgical

## Respiratory Care

## Arthritis Treatment and Management

## Neurology



# Burrard Physiotherapy

You' re In The Right Hands

## Physiotherapists

Lynn Chapman  
Kerry Maxwell  
Barbara Picton  
Lynda Lawrence  
Helen Wilson  
Sarah Ewert  
Shahab Rezanian  
Allison Downie  
Linda Warren  
Andrew Ewert  
Siobhan McInnes

**FOR APPOINTMENTS CONTACT**

**Tel: 604 684 1640**

**WALK-IN'S WELCOME**

#702-1190 Hornby Street

Vancouver, BC. V6Z 2K5

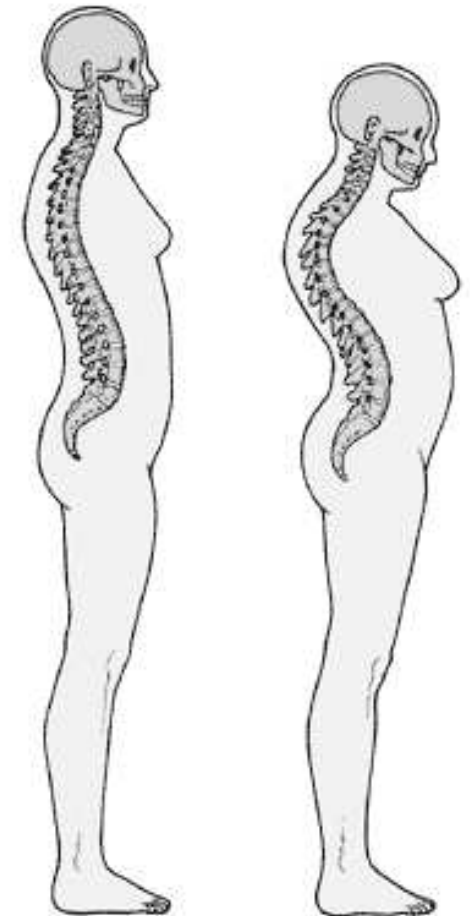
**Phone: 604 684 1640**

**Fax: 604 684 1642**

Email: [bphysioa@shaw.ca](mailto:bphysioa@shaw.ca)

[www.burrardphysiotherapy.com](http://www.burrardphysiotherapy.com)

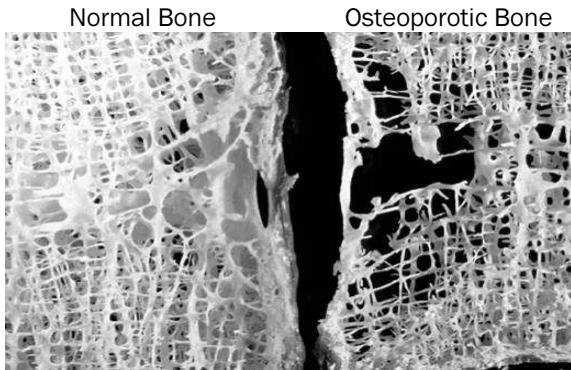
# OSTEOPOROSIS



# OSTEOPOROSIS

This potentially crippling condition now strikes one in four Canadian women over 50, and one in eight men (A total of 1.4 million Canadians). Unless we start looking after our bones from early adulthood, it's a disease that can catch us by surprise.

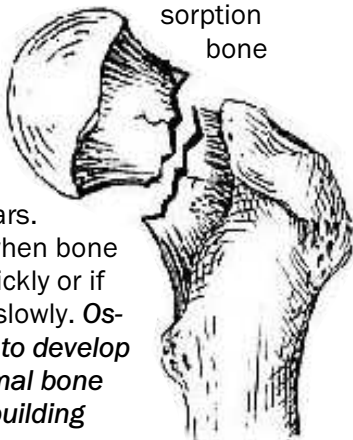
## WHAT IS IT?



Osteoporosis literally means “porous bone”. It is the progressive thinning and loss of the density of bone and has several contributing factors.

## HOW IT OCCURS

We have a natural bone maintenance process called bone remodeling (or bone turnover) where new bone is formed and old bone is taken away. After age 30, bone re-formation slowly begins to exceed bone loss. Bone loss is most rapid in the first few years after menopause but persists into the post-menopausal years. Osteoporosis develops when bone resorption occurs too quickly or if replacement occurs too slowly. *Osteoporosis is more likely to develop if you did not reach optimal bone mass during your bone building years.*



## SOME BONY FACTS

**Calcium storage:** Our bones and teeth are the storage vessels for 99% of the body's calcium. Vitamin D, the sunshine vitamin, is required for our bodies to absorb calcium. If we do not get adequate calcium daily, our body takes the calcium it requires from our bones, causing osteoporosis. Bones become thin and weak and break or fracture easily, especially in the spine, wrists, ribs and hips.

**Effects of aging:** Our bodies lose bone mass gradually throughout life. By the time we reach 30, our bones are at their peak bone mass. In bones with osteoporosis, bone resorption occurs at a greater rate than bone formation, and bone density will decrease, leaving the skeleton more susceptible to fractures and injury.

## WHO IS AT RISK?

**Risk factors you can't change**

**Gender** - Your chances of developing osteoporosis are greater if you are a woman. Women have less bone tissue and lose bone more rapidly than men because of the changes involved in menopause.

**Age** - the older you are, the greater your risk of osteoporosis. Your bones become less dense and weaker as you age.

**Body size** - Small, thin-boned women are at greater risk.

**Ethnicity** - Caucasian and Asian women are at highest risk. African-American and Latino women have a lower but significant risk.

**Family history** - Susceptibility to fracture may be, in part, hereditary. People whose parents have a history of fractures also seem to have reduced bone mass and may be at risk for fractures.

**Risk factors you can change:**

**Sex hormones:** abnormal absence of menstrual periods (amenorrhea), low estrogen level (menopause), and low testosterone level in men

**Anorexia** or a lifetime diet low in calcium and vitamin D.

**Use of certain medications,** such as prednisone or some anticonvulsants. Ask your doctor if you think this is a concern.

**An inactive lifestyle** or extended bed rest.

Cigarette smoking or excessive use of alcohol.

## WHAT CAN YOU DO?

**Take your calcium.** If you cannot get your full recommended daily intake of calcium from natural sources, supplements are a must.

**Avoid excessive caffeine or salt** Since excess caffeine and salt deplete the body of calcium, you should limit intake of caffeine to three drinks a day and salt to one teaspoon.



**Get Regular Weight Bearing Exercise**

Weight-bearing exercises place mechanical stresses along our bones and the bones respond over time by getting stronger.

**Eat Healthy Foods**

Calcium-rich foods include dairy products such as milk, yogurt and cheese.

Firm tofu (made with cal-

cium), leafy greens, figs, almonds and salmon are also good sources. Puddings, cream soups and pancakes prepared with dairy products provide yet another source for calcium.

## PHYSIOTHERAPY CAN HELP

A diet rich in calcium coupled with regular weight bearing exercise are the cornerstones to building better bones. Specific exercises can help with postural changes as well as reducing the risk of fracture by strengthening both the muscles and the bones. Walking, running, dancing and lifting weights may all be suitable exercises. At Burrard Physiotherapy, we have therapists who have special training in osteoporosis. Ask how we can help you.

*Together with your doctor's advice, a healthy diet and exercise can make a difference.*

