FLOURISH

THRIVING THROUGH EVERY SEASON OF LIFE

Women's Health & Wellness Seminar

Part I — THE NEW MENOPAUSE

Understanding Your Hormones, Your Body & Your Health

ROAR

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THRIVING THROUGH EVERY SEASON OF LIFE

RESOURCES

Virtual healthcare options for hormonal and general health concerns

July Health

Focused hormonal and multidisciplinary care

julyhealth.com

A virtual clinic addressing hormonal and related mental-health concerns, including PCOS, PMDD and endometriosis.

- A nurse practitioner may assess symptoms and arrange appropriate lab tests, imaging, prescriptions or specialist referrals.
- Additional support may include registered dietitians and registered social workers for nutrition and mental well-being.
- May be particularly helpful when irregular or painful periods, hormonal acne, weight changes, fatigue or mood symptoms overlap.
- July Health advertises appointments within days; actual availability varies.

Before booking:
Nurse-practitioner PCOS diagnostic appointments are currently listed for Ontario residents. Visit fees are private-pay and not OHIP-covered; confirm current fees and benefit eligibility. Eligible ordered lab work and imaging may be OHIP-covered.

Maple

On-demand general virtual healthcare

getmaple.ca

A general virtual-care platform for timely medical advice and common health concerns, rather than a hormone-specific clinic.

- Maple advertises 24/7 access to Canadian-licensed doctors and nurse practitioners through its membership service.
- Consultations may take place by secure text, audio or video.
- Clinicians may provide medical advice, prescriptions or lab requisitions when appropriate; some conditions require in-person assessment.

Before booking:
Review current membership or visit fees, provincial access rules and insurance coverage. A same-day appointment or prescription is not guaranteed.

Information checked October 19, 2026. Services, eligibility and costs can change. These listings are informational, not endorsements or substitutes for individual medical advice.

ROAR

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Menopause & Healthy Aging Resources

Specialized care and continued learning through midlife and beyond

Modern Menopause

Canada | modernmenopause.ca

Specialized virtual care for women navigating perimenopause, menopause and healthy aging, including hormonal changes, weight management and lifestyle considerations.

- Personalized virtual menopause assessments and treatment plans.
- Hormone and non-hormone options may be considered when appropriate.
- Discuss sleep, nutrition, metabolic health and other midlife concerns.

Before booking: Confirm availability, fees and insurance coverage.

Midi Health

United States | joinmidi.com

Virtual women's healthcare specializing in perimenopause and menopause, with individualized treatment and wellness plans. Available across all 50 U.S. states.

- Care plans tailored to symptoms, medical history and goals.
- Treatment may include hormone or non-hormone approaches when suitable.
- Insurance and self-pay costs depend on state and plan.

Before booking: Confirm your insurance network and appointment costs.

Continue Your Learning

Pastor Jenni encourages women to explore evidence-based information from qualified experts on:

- Hormonal changes and healthy aging
- Strength training and muscle health
- Nutrition, metabolism and weight management
- Reverse dieting – consider the evidence and individual suitability.

Ask a qualified healthcare professional before changing treatment, exercise or nutrition plans.

Information checked October 19, 2026. Services and coverage may change.

ROAR WOMEN'S MINISTRY

INTERESTING FACTS
ABOUT MENOPAUSE

Menopause & Your Changing Health

1



Alzheimer's in Women

Two-thirds of Alzheimer's patients are postmenopausal women.

2



Hormone Fluctuation and Treatment

Hormone levels fluctuate, and doctors often base treatment on a patient's improvement.

3



Menopause and Aging

Menopause is associated with accelerated cellular aging and declines in general health.

4



Menopause and Osteoporosis

Loss of estrogen in menopause is the most common cause of osteoporosis in women, leading to increased bone weakness and fracture risk.

5



Menopause and Heart Disease Risk

Menopause increases the risk of coronary artery disease due to hormonal changes that negatively impact blood vessel function.

6



Impact of Hormonal Changes

Decreased estrogen and progesterone during menopause can lead to blood vessel constriction, increased clot risk, and reduced blood flow.

INTERESTING FACTS
ABOUT MENOPAUSE

Muscle Health, Hormones & The Endocrine System

7



Sarcopenia

- **Definition:** Progressive age-related loss of skeletal muscle mass, strength and function.
- **Causes:** Increased inflammation, aging, insulin resistance, and loss of estrogen.

8



MHT Benefits

Increases estrogen receptors in muscle, improving muscle power, contraction, and composition.

9



The Endocrine System — Key Components

A network of glands that produce and regulate hormones, including:

- ✓ Pituitary Gland
- ✓ Pineal Gland
- ✓ Hypothalamus
- ✓ Thyroid Gland
- ✓ Adrenal Glands
- ✓ Pancreas
- ✓ Ovaries

10



Endocrine System Function

Produces and releases hormones that influence almost every cell and function in the body.

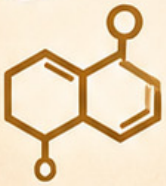
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Hormones Reduced During Menopause

Estrogens, progesterone, and androgens.

12



Estrogen Types

- **Estradiol** — strongest, produced by ovaries.
- **Estriol** — produced mainly during pregnancy.
- **Estrone** — weakest, produced by fat tissue after menopause.

13



Estrone's Role

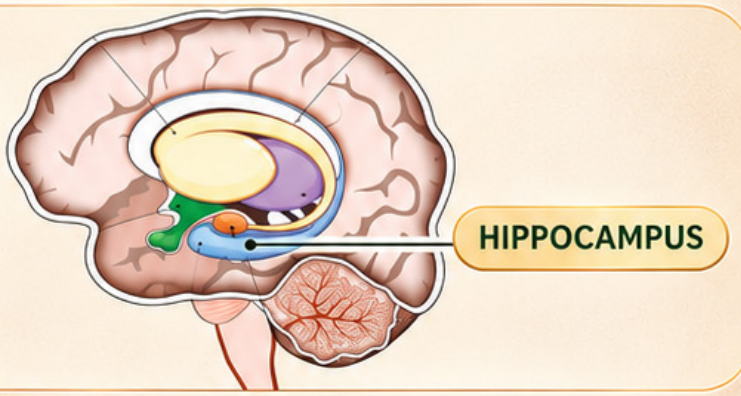
Helps reduce bone loss and aids in tissue maintenance after menopause.

INTERESTING FACTS
ABOUT MENOPAUSE

Brain Health, Memory & The Hippocampus

Estrogen & the Brain

Recent studies suggest that oestrogen is produced not only in the ovaries, but also in the hippocampus in the brain.



14

Estrogen in the Hippocampus

Supports sharper memory formation and retrieval.

15

Enhanced Episodic & Verbal Memory

Helps encode and retrieve new personal events and verbal information.

16

Better Spatial & Associative Learning

Supports learning patterns, relationships, and navigation.

17

Faster, More Efficient Memory Networks

Increases synaptic transmission that underlies learning and memory.

18

Neuron Energy & Protection

Promotes better energy supply, more resilient synapses, and protection against injury and age-related decline.

INTERESTING FACTS
ABOUT MENOPAUSE

How Estrogen Supports Brain Function

1. 

Structural Plasticity
Creates more synapses and stronger connections between brain cells, enhancing learning and memory (LTP).

2. 

Neurogenesis
Supports the creation of new hippocampal neurons, which help with pattern separation and associative memory.

3. 

Neurotransmitter Support
Helps regulate key brain chemicals (e.g., serotonin, dopamine, acetylcholine) that are critical for attention, mood, learning and memory encoding and retrieval.

4. 

Metabolic and Antioxidant Protection
Enhances mitochondrial function and energy production (ATP) and increases antioxidant activity, reducing oxidative damage that can impair brain cell function.

5. 

Neuroprotection and Anti-Inflammatory Effects
Regulates cell-survival pathways, helps neurons resist stress and injury, and reduces inflammation in the hippocampus, protecting long-term brain health.



The Bottom Line: *Declining estrogen during perimenopause and menopause can reduce these protective and memory-supporting effects, which may contribute to increased memory changes and a higher risk of Alzheimer's in women.*

MENOPAUSE

Let's Get Our Definitions Straight

PERIMENOPAUSE

The transition leading up to menopause.

- **Typical onset:** Usually begins in the mid-40s (often around 45–47), though it can start as early as the late 30s for some women.
- **Typical end:** It ends about 12 months after the final menstrual period, which on average occurs at age 51–52.

MENOPAUSE



The official point in time when menstruation has ended.

- Defined as 12 consecutive months without a menstrual period.

POSTMENOPAUSE

Life after menopause.

- The years following menopause.
- A time for continued health, wellness and long-term vitality with the right support and care.

THE MENOPAUSE JOURNEY – AT A GLANCE

Perimenopause (Transition)	Menopause (12 months without a period)	Postmenopause (Life after menopause)
~ Mid-40s (often 45–47)	~ Age 51–52 (on average)	Ongoing (the next phase of life)

> *"You don't have to stop having periods before menopause starts affecting you."*

MENOPAUSE

Let's Get Our Definitions Straight

THE KEY HORMONES

ESTROGEN

Think: **PROTECTION & COMMUNICATION**

Supports brain, bone, heart, muscle, temperature regulation, metabolism, and vaginal and urinary health.

PROGESTERONE

Think: **BALANCE & THE UTERINE LINING**

Helps balance the effects of estrogen and supports the uterine lining.

TESTOSTERONE

Think: **DESIRE & MUSCLE/FUNCTION & BRAIN HEALTH**

Supports libido, energy, muscle mass and strength, and cognitive function.

ESTROGEN TALKS TO MANY SYSTEMS IN YOUR BODY

Brain
Supports memory, learning and mood.

Bones
Helps maintain bone density and strength.

Cardiovascular System
Supports heart and blood vessel health.

Muscle
Helps maintain muscle mass, strength and function.

Temperature Regulation
Helps regulate body. temperature (e.g., hot flashes).

Metabolism
Influences energy use, weight regulation and overall metabolic health.

Vaginal & Urinary Tissues
Helps maintain tissue elasticity, moisture and urinary tract health.

> *"Hormones are not just reproductive hormones. They are communication signals."*

MENOPAUSE

Let's Get our Definitions Straight

ESTROGEN TALKS TO:

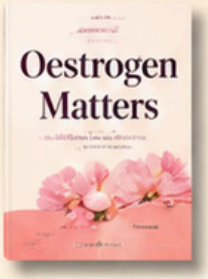
- Brain
- Bones
- Cardiovascular system
- Muscle
- Temperature regulation
- Metabolism
- Vaginal & urinary tissues

> *"Estrogen isn't just about reproduction. Estrogen is part of how the body communicates with itself."*

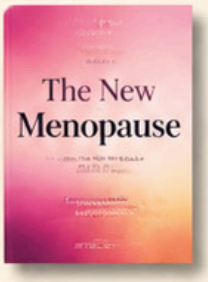
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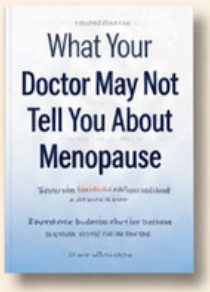
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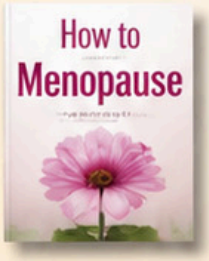
Oestrogen Matters
Dr. Avrum



The New Menopause
Marie Claire Haver, MD



What Your Doctor May Not Tell You About Menopause
John R. Lee, MD



How To Menopause
Tamsen Fadal-S

PODCASTS

MENOPAUSE, MIDLIFE & WOMEN'S HEALTH



The Dr. Vonda Show
Dr. Vonda Wright

Movement, muscles, tendons and bone health through menopause and aging.

Apple Podcasts



unPAUSED
Dr. Mary Claire Haver

Evidence-informed discussions about hormonal changes, menopause and healthy aging.

thepauselife.com



Midlife Conversations
Natalie Jill

Fitness, body composition, hormones and cardiovascular prevention after 40.

nataliejillfitness.com



You Are Not Broken
Dr. Kelly Casperson

Sexual health, vaginal and urinary symptoms, and hormone education.

Apple Podcasts



BETTER!
Dr. Stephanie Estima

Midlife strength, protein, nutrition, metabolism and body composition.

drstephanieestima.com

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Why Do I Suddenly Feel Like a Different Person?

Sleep, changing hormones, hot flashes and practical ways to restore rest

WHEN HORMONES CHANGE...

- **Sleep patterns may change,** including difficulty staying asleep.
- **Temperature regulation may change,** contributing to hot flashes and night sweats.

> *"I began having two hours of sleep at night. I would go to bed and wake up two hours later fully awake, with no ability to put myself back to sleep. It was a nightmare."*

What I learned: *Sleep is non-negotiable. When a serious sleep problem develops, it deserves attention rather than being ignored.*

Six Important Health Risks Linked With Chronic Poor Sleep

1 Cardiovascular health

Habitually insufficient or disrupted sleep is associated with higher blood pressure, cardiovascular disease, heart attack and stroke risk.

2 Type 2 diabetes and metabolic health

Poor sleep may impair insulin sensitivity and glucose regulation, increasing the likelihood of metabolic problems.

3 Weight gain and obesity

Insufficient sleep can influence appetite, food choices and energy regulation, contributing to weight gain.

4 Mental health and cognition

Persistent sleep disturbance is linked with depression, anxiety, difficulty concentrating and, in observational studies, later cognitive decline.

5 Accidents and injuries

Sleep deprivation reduces alertness and reaction time. Drowsy driving and workplace errors can become dangerous.

6 Immune health and long-term outcomes

Regularly inadequate sleep can affect immune function and is associated with poorer overall health outcomes.

These are associations and risks—not a prediction that any individual will develop these conditions. Persistent insomnia deserves assessment.

Six Ways to Improve Sleep

Evidence-informed habits to support more consistent, restorative rest

1 Keep a consistent sleep schedule

Aim for regular bed and wake times, including weekends. Create a calming 60–90-minute wind-down routine with dim lights, reading, stretching or a warm shower.

2 Use daylight and evening light strategically

Seek daylight after waking. Reduce bright lighting and stimulating screen use before bedtime when possible.

3 Make your bedroom sleep-friendly

Keep the room cool, dark and quiet. Consider blackout curtains, an eye mask or white noise. Try to associate your bed primarily with sleep and intimacy.

4 Watch caffeine, alcohol, nicotine and meals

Limit late-day caffeine and avoid nicotine near bedtime. Alcohol can disrupt sleep, and heavy meals close to bedtime may worsen discomfort or reflux.

5 Move regularly and manage stress

Regular aerobic activity, strength training and calming practices may help. Adjust vigorous evening exercise if it interferes with your sleep.

6 Discuss menopause-related treatment when appropriate

If hot flashes, night sweats or other symptoms disrupt your sleep, ask a qualified clinician about menopausal hormone therapy (MHT) and non-hormonal approaches. Suitability depends on your health history and individual risks.

When Sleep Problems Persist

For ongoing insomnia, ask about cognitive behavioural therapy for insomnia (CBT-I), a recommended first-line treatment. A clinician can also check for sleep apnea, medication effects, mood conditions, pain and other causes of disrupted sleep.

Travel and supplements

Melatonin may help with jet lag and adjusting to new time zones, but timing and suitability matter. Magnesium and progesterone should not be treated as universal sleep remedies; discuss supplements and prescribed hormones with your healthcare professional.

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MENOPAUSE & REST

Understanding Hot Flashes & Night Sweats

Why they happen, why sleep suffers and what can help

What they feel like

Sudden heat, flushing and sweating, sometimes with palpitations or a sense of anxiety.

Why they occur

Hormonal shifts, particularly changes in estrogen, affect the hypothalamus — the brain's temperature-regulation centre.

How they affect sleep

Night sweats may repeatedly wake you and contribute to fatigue, irritability and poor concentration the next day.

How long they may last

An individual episode often lasts minutes; symptoms can continue for years and vary widely in frequency and severity.

Common triggers

Warm environments, alcohol, caffeine, spicy foods, smoking and stress can be triggers for some women.

Hormone Therapy and Sleep

Menopausal hormone therapy can improve sleep for some women, particularly by reducing hot flashes and night sweats. Certain estrogen and progesterone regimens may also influence sleep directly, but effects vary. Treatment selection — including whether to use transdermal estradiol and micronized progesterone — requires an individualized discussion of benefits, risks, the uterus, medical history and contraindications.

Questions to Discuss With Your Healthcare Professional

- Could my sleep disruption be related to menopause, sleep apnea or another condition?
- Would CBT-I, symptom management or another treatment be appropriate?
- Could MHT or a non-hormonal treatment help, given my history?
- Are melatonin, magnesium or other supplements appropriate alongside my medications?

"He gives His beloved sleep." — Psalm 127:2

Rest matters. *Persistent sleep disturbance is a health concern worth addressing. You do not have to simply tolerate ongoing sleeplessness.*

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THROUGH EVERY SEASON OF LIFE

Protecting Your Bone Health and Preventing Muscle Loss

YOUR STRENGTH & MOVEMENT GUIDE

ABSOLUTE BEGINNER

Building Strength, Balance and Confidence

1. BEFORE YOU BEGIN

- If you have osteoporosis, prior fractures, significant back pain, or balance issues, check with your clinician or a physical therapist before beginning.
- Avoid loaded forward bending of the spine (e.g., toe touches, sit ups/crunches) and high impact jumping if you have low bone mass.

2. WEEKLY MOVEMENT PLAN (BEGINNER)

Strength training	2 days per week (non consecutive), e.g., Tuesday & Friday.
Weight bearing cardio	3–5 days per week, 20–30 minutes (brisk walking, dancing, light stair climbing).
Balance + posture	5–10 minutes most days (can be after walks or strength sessions).

3. WARM UP (5 MINUTES)

- March in place – 2 minutes
- Arm circles forward/back – 30 seconds each
- Sit to stand from a chair – 10 slow reps
- Heel raises holding a counter – 15 reps

4. COOL DOWN (3–5 MINUTES)

- Gentle chest stretch in a doorway – 20–30 seconds
- Calf stretch against wall – 20–30 seconds each side
- Seated thoracic extension (hands behind head, gently lift chest) – 5 slow breaths

5. BEGINNER FULL BODY STRENGTH SESSION (30–40 MINUTES)

Do this routine on 2 days per week. **Start with 1–2 sets of each exercise, 8–12 reps, and build to 2–3 sets over 4–6 weeks as you feel confident.**

#	EXERCISE	HOW TO DO IT	SETS × REPS	WHY IT'S BENEFICIAL
1	**Sit to stand** (chair squat)	From a sturdy chair, stand up pushing through your heels, then sit back down with control.	1–2 × 8–12	Strengthens quads, glutes and hips; loads the spine and femur for bone.
2	**Wall push up**	Stand facing a wall, hands slightly wider than shoulders. Bend elbows to bring chest toward wall, then push back.	1–2 × 8–12	Chest, shoulders, triceps; supports upper body bone density.
3	**Bent over row** (with light dumbbells, bands or water bottles)	Hinge slightly at hips, back flat, arms hanging. Pull weights toward your ribs, squeezing shoulder blades together, then lower.	1–2 × 8–12	Upper back and biceps; improves posture and strengthens spine supporting muscles.
4	**Step up onto a low step or sturdy book**	Step up with right foot, bring left foot to meet it, then step down. Alternate leading leg. Use a handrail if needed.	1–2 × 8–10 each leg	Legs and glutes; functional and weight bearing for hip bone.
5	**Glute bridge**	Lie on your back, knees bent, feet flat. Lift hips until shoulders hips knees form a diagonal, squeeze glutes, then lower slowly.	1–2 × 8–12	Glutes and posterior chain; supports hips and lower back.
6	**Heel raises** (calf raises)	Stand holding a counter, rise up onto toes, then lower slowly.	1–2 × 12–15	Lower legs and ankle stability; helps prevent falls.
7	**Bird dog** (core + back)	On hands and knees, extend right arm forward and left leg back, hold 2–3 seconds, return, then switch sides. Keep spine neutral (no arching).	1–2 × 6–8 each side	Core and back stabilizers; supports spine without risky flexion.

6. BALANCE AND POSTURE MINI ROUTINE (5–10 MINUTES, MOST DAYS)

Do this after a walk or your strength sessien.

1. **Single leg stand** (hold counter)
   2 × 20–30 seconds each leg
2. **Heel to toe walk along a hallway or counter**
   2 lengths forward, 2 back
3. **Chin tucks + shoulder blade squeezes**
   10 slow reps: gently draw chin back, then squeeze shoulder blades down and together
4. **Wall angels (if comfortable)**
   Stand with back to wall, arms in "goalpost" position, slide arms up and down within a pain free range, 8–10 reps

7. HOW TO PROGRESS SAFELY OVER 8–12 WEEKS

Weeks 1–2	1 set of each exercise, light or no weights, focus on form.
Weeks 3–4	2 sets of each exercise; add light dumbbells or bands, or filled water bottles if movements feel easy.
Weeks 5–8	2–3 sets; gradually increase weight or reps so the last 2 reps feel moderately hard but controlled.
Rule of thumb	Increase weight or total reps by about 5–10% every 2–4 weeks if you're recovering well and pain free.

8. SIMPLE WEEKLY EXAMPLE

Mon	20–30 min brisk walk + 5–10 min balance/posture
Tue	Beginner strength session (above)
Wed	20–30 min walk or gentle dance
Thu	Rest or light stretching + balance
Fri	Beginner strength session
Sat	20–30 min walk, stairs, or gardening
Sun	Rest or gentle mobility

This is a gentle, bone and muscle focused beginner routine you can start at home with minimal equipment. It's designed for someone new to strength training who wants to protect against muscle loss and support bone density.

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Protecting Your Bone Health and Preventing Muscle Loss

YOUR STRENGTH & MOVEMENT GUIDE

BEGINNER VIDEO RESOURCES

Learn the Movements · Exercise Along · Build Confidence

1. RECOMMENDED YOUTUBE INSTRUCTORS

INSTRUCTOR / CHANNEL	PRIMARY FOCUS
Senior Shape Fitness (Senior Shape)	Strength training specifically for seniors and true beginners; many videos use dumbbells but emphasize light weights and perfect form.
Curtis Adams / Senior Exercise TV	Gentle seated and standing workouts, clear instruction and modifications for different ability levels.
Workout With Gail	Joint-friendly resistance training, balance and posture; suitable for beginners.
Angie Miller Fitness	Absolute-beginner cardio and strength, low impact and easy to follow.
Justin Agustin	Accessible, functional exercise for all fitness levels, including seniors and those new to strength training.
Mind Body Horizons	Physiotherapy-led strength and mobility routines, with safe progressions and clear cues.

2. SIX BEGINNER WORKOUT VIDEOS

CHANNEL	WORKOUT TITLE	WHAT TO EXPECT
yes2next	20-Minute Chair Strength	Full body chair workout using light weights or body weight. Gentle and easy to follow.
Senior Shape Fitness	Stronger Core & Balance	Builds strength and balance with clear instruction and modifications.
Stronger Seniors	Standing Sequence	Beginner standing exercises using a chair for support. Great for building confidence.
SeniorFitOnline	10-Minute Chair & Standing Workout	Short, effective routine for strength and mobility. Ideal for beginners.
Improved Health	Full-Body Seated or Standing Workout	Choose seated or standing options. Focus on strength, mobility and balance.
HASfit	20-Minute Strength Training for Seniors	Low impact, beginner-friendly full body workout with clear instruction.

3. CHOOSING YOUR STARTING POINT

Select the option that best matches your current fitness level, and progress as you feel ready.

YOUR CURRENT LEVEL	RECOMMENDED APPROACH
Prefer seated exercises	Start with chair-based workouts (e.g., yes2next, SeniorFitOnline or Improved Health).
Can stand with support	Use workouts that include both seated and standing options (e.g., Senior Shape Fitness, Stronger Seniors).
Ready for more standing exercises	Try full standing routines with a chair for balance (e.g., HASfit or Justin Agustin).

4. YOUR 8–12 WEEK VIDEO PROGRESSION

Gradually increase your activity as your strength, balance and confidence improve.

WEEKS	FOCUS
1–2	Mostly seated workouts. Shorter sessions. Focus on learning the movements and proper form.
3–4	Introduce selected standing movements and slightly longer sessions.
5–8	Mix seated and standing exercises. Increase repetitions or light resistance as able.
9–12	Progress toward mostly standing routines, as appropriate for your goals and comfort level.

5. TIPS FOR GETTING THE MOST FROM YOUR VIDEO WORKOUTS

BEFORE YOU START

- Check with your clinician or a physical therapist if you have osteoporosis, prior fractures, significant back pain or balance issues.
- Use a sturdy chair, clear space and wear supportive footwear.
- Have light dumbbells, resistance bands or filled water bottles if recommended.
- Start with shorter videos and pause when needed.
- Focus on proper form rather than speed or number of repetitions.
- Modify movements as needed and choose low impact options if you have low bone mass.

AS YOU PROGRESS

- Gradually try longer or slightly more challenging videos.
- Increase resistance or repetitions as you feel stronger and more confident.
- Look for videos labeled “absolute beginner,” “seniors” or “chair workout” if you prefer seated options.
- Choose instructors who provide clear guidance and modifications.
- Be consistent—regular practice helps build strength, balance and bone density.
- Stop any exercise that causes pain and consult a healthcare professional if symptoms persist.

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Protecting Your Bone Health and Preventing Muscle Loss

YOUR STRENGTH & MOVEMENT GUIDE

INTERMEDIATE

Building Muscle Strength & Supporting Bone Density

1. INTERMEDIATE WEEKLY SCHEDULE

DAY	TRAINING
Monday	Full-body resistance training A + short balance work
Tuesday	Brisk walking or other weight-bearing cardio, 30–45 minutes
Wednesday	Full-body resistance training B + mobility
Thursday	Cardio with optional gentle impact, 25–40 minutes
Friday	Full-body resistance training C + balance work
Saturday	Longer walk, stairs, dancing, or recreational activity
Sunday	Rest or gentle mobility

Keep at least one day between challenging resistance sessions for the same muscle groups.

2. RESISTANCE WORKOUT A

Warm up 8–10 minutes with brisk walking, cycling, or marching, followed by gentle dynamic movements. Perform 2–3 sets of 8–12 repetitions.

#	EXERCISE
1	Goblet squat or leg press
2	Romanian deadlift with dumbbells (neutral spine)
3	Seated cable row or resistance-band row
4	Dumbbell chest press or incline push-up
5	Step-ups or split squats
6	Dumbbell overhead press, if comfortable
7	Calf raises
8	Bird-dog or anti-rotation Pallof press

Rest 60–120 seconds between sets. Use a resistance that leaves approximately 1–3 good repetitions in reserve.

3. RESISTANCE WORKOUT B

Perform 2–3 sets of 8–12 repetitions.

#	EXERCISE
1	Deadlift from raised blocks or a hip-hinge machine
2	Reverse lunge or supported split squat
3	Lat pulldown
4	Dumbbell bench press or wall/incline push-up
5	Hip thrust or glute bridge
6	One-arm dumbbell row
7	Face pulls or band pull-aparts
8	Side plank (begin with knees bent if needed)

4. RESISTANCE WORKOUT C

Perform 2–3 sets of 8–12 repetitions.

#	EXERCISE
1	Leg press or sit-to-stand with a dumbbell
2	Hamstring curl
3	Supported step-up
4	Seated row
5	Incline dumbbell press
6	Farmer's carry for 20–40 seconds
7	Back-extension or standing spinal-extension exercise performed gently
8	Heel-to-toe walk or single-leg balance near a support

Exercises should load the legs, hips, back, chest, shoulders, and arms. Progressive resistance—gradually increasing load as strength improves—is more useful than repeatedly using the same easy weight.

5. CARDIO, IMPACT & BALANCE

- **Weight-bearing cardio:** Brisk walking, stair climbing, hiking, dancing, or low-impact aerobics for 30–45 minutes on 2–3 days.
- **Optional impact:** If you have no osteoporosis diagnosis, vertebral fracture, significant joint problems, or fall concerns, add 5–10 minutes of gentle hops, heel drops, or faster stair climbing once or twice weekly.
- **Balance:** Do 5–10 minutes at least 3 days weekly: single-leg stands while holding a counter, tandem walking, heel raises, and controlled step-overs.
- If you have osteoporosis, osteopenia with fractures, or a history of vertebral fracture, use brisk walking or another clinician-approved level instead of jumping or high-impact work until cleared.
- Avoid high degrees of loaded spinal flexion, such as weighted sit-ups, deep toe-touching, or rounding the back under load.

6. HOW TO PROGRESS

- For the first two weeks, use 2 sets and a moderate weight.
- When you can complete 12 repetitions in every set with controlled form for two workouts, increase the load by the smallest available amount—usually about 2–5%—and return to 8–10 repetitions.
- Keep a log of exercises, weight, repetitions, and discomfort.

7. IMPORTANT SAFETY NOTES

- Stop and seek medical advice for sharp pain, new back pain, chest pain, faintness, unusual shortness of breath, or pain that worsens during or after exercise.
- If you have not trained recently, begin with lighter loads and consider a supervised session to check technique.
- Learn proper form before increasing intensity.

This intermediate guide is intended for women who are ready to build more strength and progressively load the muscles and bones with good technique.

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THRIVING THROUGH THROUGH EVERY SEASON OF LIFE

Protecting Your Bone Health and Preventing Muscle Loss

YOUR STRENGTH & MOVEMENT GUIDE

ADVANCED

Strength · Power · Bone Loading · Long-Term Fitness

1. ADVANCED WEEKLY TRAINING SCHEDULE

A balanced mix of strength, power, cardio, balance and recovery.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Heavy lower-body strength	**Upper-body strength and balance**	**Recovery cardio and mobility**	**Lower-body power and hypertrophy**	**Upper-body strength and carries**	**Bone-loading conditioning**	**Rest or gentle walking**
Build strength and bone density.	Build upper-body strength and postural stability.	Active recovery to support circulation and flexibility.	Increase power, strength and bone loading.	Build strength, functional fitness and core stability.	Walking, stairs, dancing or low-impact conditioning.	Recovery and preparation for the week ahead.

2. ADVANCED RESISTANCE TRAINING WORKOUTS

Perform 2–4 sets of each exercise. Choose a weight that challenges you while maintaining good form. Rest 45–90 seconds between sets.

MONDAY — HEAVY LOWER BODY

EXERCISE	SETS × REPS
Squat (goblet or barbell)	3–4 × 6–8
Romanian deadlift	3–4 × 6–8
Split squat or lunge	3 × 8–10 each leg
Hip thrust	3 × 8–10
Calf raises	3 × 12–15
Pallof press (core)	3 × 10–12 each side
Farmer's carry	3 × 30–60 seconds

TUESDAY — UPPER BODY

EXERCISE	SETS × REPS
Chest press (dumbbells or machine)	3–4 × 8–10
Seated or standing row	3–4 × 8–10
Shoulder press	3 × 8–10
Lat pulldown	3 × 8–10
Bicep curl	3 × 10–12
Tricep extension	3 × 10–12
Face pull or reverse fly	3 × 10–12
Single-leg balance	2 × 30 seconds each leg

THURSDAY — LOWER BODY POWER

EXERCISE	SETS × REPS
Step up (higher step)	3–4 × 6–8 each leg
Squat (heavier)	3–4 × 6–8
Deadlift or trap bar deadlift	3–4 × 6–8
Walking lunge	3 × 8–10 each leg
Hamstring curl	3 × 10–12
Hip thrust	3 × 8–10
Calf raises	3 × 12–15
Medicine ball move (if appropriate)	3 × 8–12

FRIDAY — UPPER BODY STRENGTH

EXERCISE	SETS × REPS
Incline or flat press	3–4 × 8–10
One-arm row	3–4 × 8–10 each arm
Lat pulldown or pull-up (assisted if needed)	3 × 8–10
Overhead press	3 × 8–10
Lateral raise	3 × 10–12
Bicep curl	3 × 10–12
Tricep dip or extension	3 × 10–12
Farmer's carry	3 × 30–60 seconds
Core exercise (plank, Pallof press)	3 × 20–40 seconds

3. SATURDAY BONE-LOADING CONDITIONING

Choose activities that challenge your bones and cardiovaccular system while remaining safe and enjoyable.

OPTIONS	GUIDELINES
Brisk walking (30–45 minutes)	◆ Aim for 20–45 minutes.
Stairs or hill walking	◆ Include moderate intensity.
Dancing	◆ Choose low-impact options if you have low bone mass or previous fractures.
Gardening or outdoor activities	◆ Focus on consistency.
Sled work (if available)	◆ Listen to your body and modify as needed.
Low-impact impact exercises (e.g., step-ups, light jumping if appropriate)	

4. FOUR-WEEK PROGRESSION CYCLE

Gradually increase the challenge to continue building strength, bone density and overall fitness.

WEEK	FOCUS
1	Establish moderate-heavy training. Focus on good form and technique.
2	Increase repetitions or weight slightly. Maintain good form.
3	Increase selected training demands (weight, sets or reps). Challenge yourself while staying safe.
4	Deload and recover. Reduce volume slightly to allow for recovery and prepare for the next cycle.

5. IMPORTANT BONE-SAFETY MODIFICATIONS

Protect your bones while still building strength and fitness.

- Avoid loaded forward bending of the spine (e.g., toe touches, sit ups/crunches).
- Modify high-impact activities if you have low bone mass or previous fractures.
- Use proper technique and progress gradually.
- Choose stable, supported movements if needed (e.g., use a chair, wall or rail).
- Focus on controlled movements rather than speed.
- Include balance training to help prevent falls.
- Consider working with a qualified fitness professional or physical therapist if you have osteoporosis, prior fractures, significant back pain or balance issues.

6. ADDITIONAL TIPS FOR LONG-TERM SUCCESS

- Be consistent — regular exercise helps build and maintain bone density.
- Progress gradually — increase weight or total reps by about 5–10% every 2–4 weeks if you are recovering well and pain free.
- Include a variety of exercises to work all major muscle groups.
- Get adequate rest and recovery between sessions.
- Combine strength training with weight-bearing cardio and balance work.
- Listen to your body, and modify exercises if you experience pain.
- Stay hydrated, eat a balanced diet and get enough calcium and vitamin D as recommended by your healthcare provider.
- Consult a healthcare professional if you have any concerns or symptoms.

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Understanding Sexual & Urinary Changes

A Women's Health Handout

WHAT TO EXPECT

During and after menopause, changes in estrogen and other hormones can affect your sexual health and urinary function. These changes are common, treatable, and can be managed with the right information, care and support.

KEY TOPICS IN THIS HANDOUT

- Key changes that can occur
- Why these changes happen
- Practical strategies and treatments
- When to seek professional care
- Recommended books, resources and a podcast

COMMON CHANGES YOU MAY EXPERIENCE

SEXUAL CHANGES

- Vaginal dryness and discomfort
- Changes in sensitivity or arousal
- Decreased libido (sex drive)
- Discomfort or pain with intercourse (dyspareunia)
- Changes in overall sexual satisfaction

URINARY CHANGES

- Increased frequency (needing to go more often)
- Urgency (a sudden, strong need to urinate)
- Leaking with coughing, sneezing or exercise (stress incontinence)
- Recurrent urinary tract infections (UTIs)
- A sense of bladder sensitivity or irritation

WHY IT HAPPENS

The decline in estrogen during perimenopause and menopause can lead to natural changes in the vaginal, bladder and urethral tissues, including:

- Thinner, less elastic tissue
- Reduced natural lubrication
- Changes in the balance of the urinary system
- Greater sensitivity and a higher risk of irritation or infection

THE GOOD NEWS

- These changes are common and are not a sign of "something being wrong."
- There are many effective, evidence-based options to restore comfort, function and confidence.
- You can maintain a healthy, satisfying sexual life and good bladder health through a combination of targeted care, healthy habits and, when appropriate, hormone support.



Understanding Sexual & Urinary Changes

Practical Care, Treatment Options & When to Seek Help

PRACTICAL STRATEGIES FOR COMFORT & HEALTH

- Use a high-quality, pH-balanced vaginal moisturizer (regularly, not just during intimacy).
- Choose a water-based or silicone-based lubricat for greater comfort.
- Stay well-hydrated and support bladder health with good fluid intake.
- Do pelvic floor exercises (Kegels) to strengthen bladder control and sexual function.
- Maintain overall vaginal health with gentle, fragrance-free products.

TREATMENT OPTIONS (DISCUSS WITH YOUR HEALTHCARE PROVIDER)

Menopausal Hormone Therapy (MHT)
Can relieve vaginal dryness, improve comfort and support urinary and sexual health for many women (when appropriate).

Non-Hormonal Options
Vaginal moisturizers, lubricants and certain prescription oor over-the-counter treatments can be very effective.

Targeted Therapies
Low-dose vaginal estrogen (localized treatment) can improve vaginal and bladder tissue with minimal systemic effects.

LIFESTYLE HABITS THAT MAKE A DIFFERENCE

- Stay active (especially strength training and core/pelvic floor work).
- Eat a nutrient-rich, anti-inflammatory diet.
- Maintain a healthy weight.
- Manage stress and prioritize quality sleep.
- Avoid irritants (e.g., harsh soaps, douches or scented products).
- Limit alcohol and caffeine if they increase urinary urgency.

WHEN TO SEEK PROFESSIONAL CARE

- If you are experiencing persistent or worsening discomfort.
- If urinary urgency, leakage or frequent infections are affecting your quality of life.
- If pain during intimacy continues despite self-care strategies.
- To discuss whether hormone therapy or other treatments are right for you, based on your personal health history and risk factors.

RECOMMENDED BOOKS, RESOURCES & A PODCAST



- Evidence-based books and trusted resources to help you understand your options and make informed decisions.
- A recommended podcast with expert, practical conversations on menopause, midlife, and women's health.
- See the ***Reference Information Handout*** for a complete list of recommended books and podcasts.

Understanding Sexual & Urinary Changes

Supporting Intimacy, Confidence & Quality of Life

SUPPORTING INTIMACY & CONNECTION

- Keep the conversation open with your partner about changes and needs.
- Explore different forms of intimacy that feel comfortable and fulfilling.
- Use vaginal moisturizers or lubricants to reduce dryness and discomfort.
- Be patient and compassionate with yourself — your body is changing, and that's okay.

BLADDER & URINARY HEALTH — EVERYDAY TIPS

- Stay well-hydrated, but spread fluids throughout the day.
- Avoid common bladder irritants (e.g., caffeine, alcohol, acidic or spicy foods).
- Empty your bladder regularly and completely.
- Do Kegel (pelvic floor) exercises to strengthen bladder control.
- If you experience frequent urinary tract infections (UTIs), talk to our healthcare provider about prevention strategies.

A BALANCED, HOLISTIC APPROACH

The best results often come from a combination of care, including:

- Strength & pelvic floor exercise
- Good nutrition & protein
- Quality sleep & stress management
- Appropriate medical therapies (when needed)
- Ongoing personal care & lifestyle habits



KEY TAKEAWAY

- These changes are **common** and **manageable.**
- **You have options** for relief and support.
- A proactive, **informed approach** can improve comfort, intimacy and overall well-being.
- Talk with a trusted healthcare provider to create a plan that is right for you.

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Understanding Sexual & Urinary Changes

Quick Reference, Key Questions & Action Plan

QUICK REFERENCE

Key changes, common causes and helpful solutions.

CHANGE	COMMON CAUSE	POSSIBLE SOLUTIONS
Vaginal dryness	Lower estrogen	◆ Vaginal moisturizer ◆ Lubricant ◆ Consider MHT
Urinary urgency or leakage	Tissue and muscle changes (less estrogen)	◆ Pelvic floor (Kegels) ◆ Fluid management ◆ Targeted treatments
Changes in sexual desire	Hormone changes, stress, life stage factors	◆ Open communication ◆ Manage stress & sleep ◆ Consider MHT or other options
Bone & muscle loss	Lower estrogen and age-related changes	◆ Strength (resistance) training ◆ Adequate protein ◆ Calcium, vitamin D & key nutrients

KEY QUESTIONS TO DISCUSS

A helpful starting point for your next healthcare appointment.

1. Are my symptoms related to menopause or other factors?
2. Is menopausal hormone therapy (MHT) appropriate for me?
3. What non-hormonal options could help with my symptoms?
4. How can I best support my bladder, sexual health and overall well-being?
5. What nutrition, exercise or lifestyle changes do you recommend for my situation?

YOUR ACTION PLAN

Simple, practical steps you can start today.

- ☐ Track and note any changes or symptoms.
- ☐ Add 2–4 strength training sessions per week.
- ☐ Aim for 25–35 g of protein at each meal (3–4 times daily).
- ☐ Support bone health with ~1,200 mg calcium and 800–1,000 IU vitamin D daily (or as advised).
- ☐ Stay well-hydrated and follow bladder-friendly habits.
- ☐ Use a quality vaginal moisturizer or lubricant as needed.
- ☐ Talk with your healthcare provider about treatment options, including MHT if appropriate.

KEY TAKEAWAY

- ✓ These changes are common and manageable.
- ✓ You have effective options for relief, support and improved quality of life.
- ✓ A combined approach — exercise, nutrition, self-care and (when appropriate) medical treatment — often provides the best results.
- ✓ Be proactive, stay informed and work with a trusted healthcare professional to create a plan that fits your needs and goals.



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Women's Health & Wellness Seminar

Hormones & Menopausal Hormone Therapy

Understanding Your Hormones

Hormones work together in a coordinated way, but they are not interchangeable. Shifts in hormone levels during midlife and menopause can affect many body systems, influencing how you feel and function overall.

"Estrogen and progesterone aren't interchangeable — they have different jobs."

Estrogen

Estrogen is important for:

- **Hot flashes** — helps keep body temperature regulated (lower levels can trigger hot flashes).
- **Vaginal and urinary tissues** — keeps these tissues healthy and comfortable.
- **Bones** — helps maintain bone strength.
- **Brain and other body systems** — influences mood, thinking, heart, skin, and overall well-being.

Progesterone

Progesterone is important for:

- **Menstrual cycles** — works with estrogen to keep cycles regular.
- **The uterine lining** — helps prepare and maintain a healthy lining.
- **Reproduction** — plays a key role in fertility and supporting a pregnancy.
- **Other whole-body effects** — influences systems throughout the body, including mood, sleep, and overall balance.

Testosterone

Women make testosterone too.

Testosterone is important for:

- **Sexual desire** — supports interest in and desire for sexual activity.
- **Sexual function** — helps with aspects of sexual response and satisfaction.
- **Muscle** — helps maintain muscle mass and strength.
- **Physical function** — supports energy, endurance, and overall physical performance and function.

Why This Matters in Menopause

- **Changing hormone levels can affect:** sleep, sexual health, urinary symptoms, bones, muscles, and quality of life.

What This Handout Will Cover

- **Progesterone** — what it does, forms, and use.
- **Testosterone** — what it does, forms, and use.
- **Menopausal hormone therapy** — an overview of what it is and key considerations.

HORMONES & MENOPAUSAL HORMONE THERAPY

Progesterone – The Other Half of the Conversation

WHAT IS PROGESTERONE?

Progesterone is a key hormone that works alongside estrogen to keep many systems in balance, especially the reproductive system.

PROGESTERONE IS IMPORTANT FOR:

- **Menstrual cycles** (regulates and stabilizes)
- The **uterine lining** (prepares and maintains it)
- **Reproductive function** (supports conception and early pregnancy)
- **Other effects throughout the body** (e.g., mood, sleep, brain, bone and overall **well-being**)

FORMS OF PROGESTERONE

Progesterone can be prescribed in different forms, depending on your needs, symptoms and health history.

Oral capsules/tablets	Swallowed by mouth.
Vaginal capsules/tablets	Inserted vaginally, often used at bedtime.
Vaginal gels	Applied inside the vagina.
Injections	Usually intramuscular (into a muscle), depending on the medication.
Creams	Some progesterone creams are available, although absorption can be variable and they aren't interchangeable with prescription products.
Hormonal IUDs	Release a progestogen (a synthetic, progesterone-like hormone) locally in the uterus rather than progesterone itself.

KEY TAKEAWAY

- ✓ Progesterone has a unique and important role in the body.
- ✓ It works in partnership with **estrogen**.
- ✓ There are several effective forms, and the right one depends on your individual needs.

IMPORTANT DISTINCTION

Progesterone and **progestogens** are not the same. Progestogens are synthetic, progesterone-like hormones (e.g., in some IUDs and hormonal therapies) that act in a similar way, but they are different from **natural progesterone**.

HORMONES & MENOPAUSAL HORMONE THERAPY

Testosterone – Yes, Women Have Testosterone Too

YES, WOMEN HAVE TESTOSTERONE TOO

Testosterone is a key hormone for women's overall well-being, not just a male hormone. Women make it naturally in smaller amounts, and it plays an important role in many body functions.

TESTOSTERONE IS IMPORTANT FOR:

- **Sexual desire** – supports and maintains a healthy libido.
- **Sexual function** – contributes to arousal, response and satisfaction.
- **Muscle** – helps with muscle strength, tone and maintenance.
- **Physical function** – supports energy, stamina, bone health and overall vitality.

FORMS OF TESTOSTERONE

Testosterone can be prescribed in different forms, depending on your needs, symptoms and health history.

Injections	Usually intramuscular or subcutaneous; different preparations can last from days to several weeks.
Gels	Applied to the skin daily (e.g., to the arm, thigh or abdomen). Not in a form strictly for women.
Creams	Topical preparations applied to the skin.
Patches	Deliver testosterone through the skin for steady absorption.
Implants/Pellets	Placed under the skin and release testosterone gradually over several months.
Nasal Gel	Applied inside the nose, typically multiple times daily.
Oral/Buccal Formulations	Some testosterone products are designed to be absorbed through the mouth (e.g., under the tongue or against the cheek), although availability varies by country.

KEY TAKEAWAY

- ✓ Testosterone has important benefits for women.
- ✓ There are several effective forms.
- ✓ The right option depends on your individual needs, symptoms and health history.

IMPORTANT TO KNOW

Testosterone isn't a male hormone. It's a human hormone — and women make it too.

Your healthcare provider can help you determine if testosterone is appropriate for you, and which form and dose are the best fit.

HORMONES & MENOPAUSAL HORMONE THERAPY

Menopausal Hormone Therapy (MHT) — Understanding Your Options

WHAT IS MHT?

Menopausal Hormone Therapy (MHT) is a treatment that replaces hormones (most often estrogen, with or without progesterone) that the body is no longer producing at previous levels.

KEY BENEFITS (WHEN APPROPRIATE)

- Relieves common menopausal symptoms (e.g., hot flashes, night sweats, sleep disruption).
- Supports vaginal and urinary health (e.g., dryness, comfort and recurrent irritations).
- Helps maintain bone health and reduce the risk of osteoporosis.
- Can improve overall quality of life, comfort and well-being.

TYPES OF HORMONE THERAPY

SYSTEMIC HORMONE THERAPY

Hormone enters the bloodstream and works throughout the body.

May help with:

- Hot flashes and night sweats
- Sleep and mood changes
- Bone health (helps prevent bone loss)
- Overall menopausal symptom relief

LOCAL VAGINAL ESTROGEN

A lower-dose estrogen that primarily treats tissues locally (vagina, urinary tract).

May help with:

- Vaginal dryness and discomfort
- Painful intercourse
- Urinary urgency, frequency or recurrent urinary tract irritations
- Tissue health and comfort

KEY TAKEAWAY

- MHT is not “one-size-fits-all.”
- There are different types, doses and delivery methods.
- The right approach depends on your symptoms, health history, risk factors and personal goals.
- Work with a trusted healthcare provider to create a plan that is right for you.

THE BIGGER PICTURE

“The question isn’t simply whether hormones are good or bad, but whether they are appropriate for this woman, at this time, in this form.”