FREE GUIDE

5 Things Your Physio Wishes You Knew About Ageing Well

Evidence-based insights for staying strong,

mobile and pain-free after 50

Written by a chartered physiotherapist

For patients who want to stay ahead of the curve

1 2 3 4 5

A note before we begin

After years of sitting across from patients in the clinic, I've noticed something. Most people assume that the aches, stiffness and fatigue that creep in after 50 are just 'part of getting older.' Something to put up with. Inevitable.

They're not. Most of what I see in people over 50 is preventable, manageable, or reversible — with the right knowledge and a little consistency. The problem is that nobody tells you this. Not clearly, anyway.

This guide is my attempt to fix that. It's the conversation I wish I could have with every single patient who walks through my door — the five things that, if you truly understood them, would change how you move, how you feel, and how you age.

It's not about turning back the clock. It's about making sure the years ahead feel as good as they possibly can.

With warmth,

Your Physiotherapist

1 Muscle loss is the real enemy — and it starts at 35

Most people worry about their heart, their weight, their joints. But the single biggest driver of physical decline after 50 is something most people have never heard of: **sarcopenia** — the gradual loss of muscle mass that begins in your mid-thirties.

From around 35, we naturally lose 3–8% of our muscle mass per decade. After 60, that rate can accelerate. Less muscle means weaker balance, slower metabolism, more joint pain, and a much higher risk of a serious fall. It is the quiet engine behind most of what makes ageing hard.

The extraordinary thing? Sarcopenia is not inevitable. Resistance training — even light resistance training twice a week — has been shown in multiple clinical trials to rebuild muscle at any age. I have patients in their 70s who are stronger now than they were at 55 because they started lifting.

> **Try this: Start with bodyweight squats.**
> Three sets of 10, three times a week. It takes less than eight minutes and targets the muscle groups most responsible for balance and mobility. This single habit will serve you more than almost anything else in this guide.

2 Pain is not damage — and rest is rarely the answer

When something hurts, the instinct is to stop. Rest it. Protect it. Wait for it to go away. I understand that instinct completely — but for most over-50 pain, it is exactly the wrong response.

Pain is the nervous system's alarm signal, not a direct readout of tissue damage. Research consistently shows that people with significant structural changes on an MRI scan — disc bulges, cartilage wear, rotator cuff tears — often have no pain at all. Meanwhile, people in significant pain sometimes have pristine-looking scans.

Prolonged rest deconditions the muscles around a painful joint, which usually makes things worse. Gentle, graded movement — even into mild discomfort — is in most cases the most effective treatment.

> **Try this: Distinguish between sharp/worsening pain and dull/aching pain.**
> Sharp pain that worsens with movement, or pain accompanied by swelling, numbness or tingling, warrants rest and professional advice. Dull, achy stiffness that eases as you warm up? That's a signal to keep moving, gently.

3 Flexibility isn't your problem. Strength is.

If I had a pound for every patient who told me they needed to 'stretch more' to fix their back, hips or knees, I could retire tomorrow. Stretching feels good — it gives a satisfying temporary sense of release — but for most people over 50, it is not addressing the root cause.

Tightness is usually the body's protective response to weakness. When a muscle or joint feels unstable, the surrounding tissue braces and tightens to protect it. Stretching that tightness without addressing the underlying weakness is like silencing a smoke alarm without putting out the fire.

The lower back tightens because the deep core is weak. The hip flexors tighten because the glutes are not doing their job. The neck seizes up because the postural muscles that hold your head up have deconditioned. Strengthen the right muscles and the tightness often resolves on its own.

Try this: Try a glute bridge before your morning stretch.
Lie on your back, feet flat, knees bent. Push your hips toward the ceiling and hold for two seconds. Ten repetitions. Many patients tell me this does more for their lower back than years of stretching ever did.

4 Your bones need impact — not protection from it

After 50, especially for women post-menopause, bone density becomes a serious health concern. Osteoporosis affects around one in three women and one in five men over 50, and the statistics around fragility fractures — particularly hip fractures — are genuinely sobering.

The instinct is to protect bones: be careful, avoid impact, don't fall. But bone tissue responds to mechanical loading — it actually needs stress to stay dense. Walking is good. Weight-bearing exercise is better. Impact — stomping, jumping, brisk walking on varied terrain — is one of the most potent stimuli for bone remodelling we know of.

Swimming and cycling, while excellent for cardiovascular health, do very little for bone density because they are non-weight-bearing. If those are your primary forms of exercise, consider adding something that loads your skeleton.

Try this: Add heel drops to your day.
Stand tall, rise onto your toes, then let your heels drop firmly to the floor. Ten repetitions, twice a day. This simple impact exercise has good evidence behind it for stimulating bone density in the heel and hip — both fracture-prone sites.

5 Sleep and stress affect your body more than your gym session

I see many patients who are doing everything right — exercising, eating well, staying active — but not recovering well. They're frustrated that they still feel achy, stiff or tired. Often, when we dig deeper, the issue is sleep quality or chronic stress.

Cortisol — the primary stress hormone — actively breaks down muscle tissue, increases inflammation, and slows tissue repair when chronically elevated. Poor sleep amplifies this effect significantly. One study found that restricting sleep to six hours per night for two weeks produced cognitive impairment equivalent to two full nights without sleep — and the subjects didn't even feel impaired.

After 50, the body's recovery capacity is slower, which means the lifestyle factors around exercise matter more, not less. A 45-minute walk followed by a good night's sleep will do more for you than a punishing workout followed by five hours of rest and a stressful evening.

Try this: Protect the hour before bed like an appointment.
Dim lights, no screens, no difficult conversations. The evidence on sleep hygiene is clear — the wind-down period before sleep is when your nervous system decides whether it's safe to switch into recovery mode. Give it the conditions to do so.

Want to go further?

I share evidence-based tips on movement, pain and healthy ageing every week. If this guide was useful, I'd love you to follow along.

Find me on TikTok, YouTube and Facebook — just search for your physiotherapist's name. And if you have a question, my door is always open.