The Menopause Strength Playbook

A simple weekly plan for muscle, bone health and recovery, plus sleep priorities and when to get medical care. Educational, not medical advice.

01 KNOW THE TIMELINE

Menopause is confirmed after 12 months without a period. In the SWAN study, frequent hot flashes and night sweats lasted a median of 7.4 years, about 4.5 of them after the final period. Spine bone density barely changed until about a year before the final period, then fell roughly 2.5% a year until about two years after it, slowing to about 1% a year for the next three. Fat gain roughly doubled and lean mass began to decline around the start of the transition.

02 YOUR WEEKLY PLAN (ILLUSTRATIVE COACHING EXAMPLE)

DAY	SESSION
Mon	Full-body strength: squat pattern, row, press, hip hinge
Tue	30-minute brisk walk + 10 minutes of balance practice
Wed	Easy-to-moderate cardio + mobility
Thu	Full-body strength: step-up, pulldown, chest press, hip thrust
Fri	30-minute brisk walk + 10 minutes of balance practice
Sat	Longer, enjoyable cardio: walk, cycle or swim
Sun	Rest or easy movement

Build toward 150 minutes of moderate aerobic activity a week (International Menopause Society 2025). Start with 1–2 sets of 8–12 controlled reps per exercise; for people with osteoporosis, the UK consensus suggests 2–3 strength days a week, building to three sets. **When recovery feels different** (my coaching approach, not a research finding): keep the main lifts, drop accessories, trim a set or two, or shorten a session instead of skipping it. **Track** loads and reps, brisk-walk comfort, stairs and groceries, and sleep consistency. With osteoporosis or a spinal fracture, get individual advice first.

03 PROTECT YOUR SLEEP AND KNOW YOUR MEDICAL OPTIONS

About 70% of recorded hot flashes in a 34-woman lab study were associated with an awakening. In a trial of 106 women with hot flashes, phone-based CBT for insomnia put 70% in remission at 8 weeks versus 24% with menopause education. The Menopause Society (2023) rated CBT and clinical hypnosis as the non-drug approaches with good evidence for hot flashes; exercise isn't a proven hot-flash treatment. The same statement says hormone therapy remains the most effective treatment for hot flashes, and the 2022 statement says it has been shown to prevent bone loss and fracture. The benefit-risk balance depends on your age, time since menopause and treatment type, so it's a decision for you and your doctor.

04 BE SKEPTICAL OF THESE

Cortisol tests and "adrenal" supplements ("adrenal fatigue" isn't a recognized diagnosis). **Stool tests for hormone balance** (the estrobolome idea is plausible but early). **Routine calcium and vitamin D pills** (a 2026 meta-analysis of 69 trials, mostly in people living at home and not at high fracture risk, found little to no benefit for fractures or falls; it may not apply if you have osteoporosis or take osteoporosis medication, so ask your doctor. About 1,200 mg of calcium a day in total from food and supplements is the BHOF target for women 51+). **Soy isoflavones** (no effect on hot flashes in a 2025 meta-analysis of three small studies).

05 WHEN TO GET MEDICAL CARE

Urgent (call 911): chest pain or pressure, or fainting, especially during exercise (stop exercising) · severe shortness of breath · thoughts of harming yourself (U.S.: call or text 988).

Book soon: any bleeding after 12 months without a period, even once, or heavy bleeding with fatigue · persistent low mood or anxiety · ongoing insomnia or loud snoring with breathing pauses · recurring palpitations or marked memory loss · sudden back pain after minimal trauma · recurrent urinary infections, leakage or pain with sex · loss of shoulder movement · symptoms before age 45.

Want this built around your life? Start with a free movement assessment at hhfonlinecoaching.com/free-assessment to see your current strengths, limitations and training priorities.

Sources: Avis et al., JAMA Intern Med 2015; Greendale et al., J Bone Miner Res 2012 and JCI Insight 2019; Brooke-Wavell et al., Br J Sports Med 2022; International Menopause Society 2025; de Zambotti et al., Fertil Steril 2014; McCurry et al., JAMA Intern Med 2016; Shufelt et al., Menopause 2023; The Menopause Society 2022; BMJ Group 2026; Luan et al., PeerJ 2025. Full list at hhfonlinecoaching.com/guides/menopause-playbook.html