

Thriving@Flinders interview – Victoria Toogood

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A few weeks ago, I had the opportunity to talk to Victoria Toogood, Clinical Teaching Specialist in the School of Physio (CNHS), about women's health, hormones and reducing frailty. Tory had some fantastic advice about the role of a good physio in women's wellbeing and some tips for lifestyle management.

Hi Tory, lovely to meet you, can you tell me a bit about yourself and your background?

Sure. I'm a physiotherapist with a particular skill set expertise and training in pelvic floor physiotherapy. I've been working in pelvic floor physio for the last 20 years from a background of sports and musculoskeletal physiotherapy.

Before and alongside that, I've always been interested in helping people move better feel better, age better and to keep frailty as far away from where we are now as possible.

I've been teaching in the physio program at Flinders since the start of 2023 in musculoskeletal physiotherapy primarily but also bringing more awareness to the intersection with pelvic health over this last couple of decades. Too many people don't know that you can see a physiotherapist to help you with problems with your bladder or your bowels, with prolapse or with pelvic pain.

I had no idea - I thought physios were just for muscle injuries - I have learnt something new already!

The pelvic floor is muscles! Too many people don't know that you don't need to go see a surgeon in the first instance and that a physio can assess and diagnose issues and treat you in conjunction with a medical team. Physios can assist with appropriate exercise, lifestyle management, behaviour change and whether it's more specific pelvic floor exercise or whether it's general exercise and trying to just problem solve that a little bit better so that you can meet your health needs but take into account your limitations.

You mentioned that you were one of the only South Australian physio representatives at the International Menopause Society conference in Melbourne late last year. When did you first become interested in the topic of menopause?

I think I've been involved in menopause for 15 years around bone health and aging and the physical changes that are the result of bearing and birthing children. Often women will be managing OK in those years that she's still menstrual, but from menopause, some of those loads and some of those changes that happened over that time come back to revisit and to become a symptomatic problem. I myself am now a postmenopausal woman and struggled, as many do, with getting the right treatment to manage menopause symptoms, dealing with the poor sleep, the stressors of managing and coping with work and all the other demands, the children finishing school, managing a business and so on.

Can you tell me how menopause intersects with physio?

Oh gosh, so many layers. One of the big conditions of menopause is the musculoskeletal syndrome of menopause. We have got estrogen affecting every system in our body, so in particular with that loss of estrogen through perimenopause, and then, of course, postmenopause (remember, of course, menopause is only that one day that it's 12 months since you last bleed).

The musculoskeletal syndrome of menopause has finally been written up and described. It was only a 2024 paper that was published that was describing it in some good detail. But there are problems that tend to affect women more, particularly between the ages of 40 and 60. Things like frozen shoulder, rotator cuff related shoulder problems, hip issues, particularly on the outside of the hip, plantar fascia problems, Achilles tendon problems. So, it's about helping a woman to manage through that stage. It's about making sure that we can be strong enough to do what we're wanting to do, that our tissues have enough capacity to manage the loads that we put those tissues under in everyday life, never mind the extra bonus things that

we want to do, hike up a mountain, go and have a holiday somewhere where you do a lot more walking than you normally do.

How do hormones play a part in all of this?

If there is increased load on tissues and if she's also at a very busy time of life where the stresses are higher - Juggling the children, juggling work pressures, juggling aging parents. If she's not sleeping well, then her stress hormones are all going to be up higher, and cortisol and estrogen have the same hormonal root elements. The same base hormone then either becomes cortisol or estrogen. If we're making more cortisol because we're more stressed, we're making even less estrogen. That's one of the big issues for the women typically in their 40s.

Reducing the oestrogen in our tendons and ligaments tends to make joints and movements stiffer and more injury prone. Healing is slower.

Oestrogen also has a large role in how we lay down bone. Bone is living tissue that is constantly being laid down and removed – turned over. As our oestrogen levels decline, there is a mismatch where less of the bone building is happening, and our bone density can decline quite quickly.

How can physios help?

A big role of what physios do is help people with lifestyle measures and behaviour change. So just regular exercising more, being able to walk more consistently, being able to do some resistance training to teach you how to resistance train even with something that's sore at the moment.

Physios can help to preserve bone health and to preserve muscle strength and bulk for metabolic reasons and to help keep frailty out of the way, sleep hygiene. A lot of this basic stuff is part of what physios do. How to eat better, how to create a better routine, how to get to sleep at a decent hour. Strategies around sleep that are all non-medicated, but we help people through that those sort of behaviour changes which are both easy and hard all at once.

I'm really interested in the idea of reducing frailty, to build longevity and wellness, bone health, and the benefits of resistance and strength training. What are your thoughts on that?

We reach our peak bone mass - the biggest and strongest our bones are ever going to be - is normally achieved in our late teens to early 20s. So if we've got a childhood that's been physically active, including running and jumping and playing, and then stayed active in sport or gym into our early 20's, we probably established a good base.

Good food is also important, which most of our generation had access to. A lot of our parents' generation grew up in the post war period. They didn't have as much good access to dairy products if they were living in the city as an example and certainly our grandparents generation had many, many changes and challenges throughout their youth with world wars and depression.

Culturally these days, our kids don't move as much. They don't get the opportunity for as much jumping and landing and doing stuff that's harder and loads their bones well. Girls overwhelmingly drop out of sport by 13. Too few girls are physically active through their late teens and into their early 20s, whereas having our girls be physically active, whether it's playing sport or whether it's doing something else that they can enjoy, that involves landing and loading through their system as opposed to just going for a walk is really important.

We then get into our busy early career years and our "having babies" years and then our even busier juggling family and continuing to build a career and our health and fitness, our fitness in particular is normally down the bottom of the list.

As women, typically in our culture, we tend to look after everyone else first and I spend a lot of time talking to women who are pregnant with their second child or a subsequent one and they don't feel they can prioritise their health and fitness.

It's important to maintain muscle mass or rebuild after periods of relative inactivity, and I see a lot of women that say I am not as strong as I'm wanting to be.

We lose a little bit of muscle mass, and a little bit of bone mass every year from that peak that's achieved in our early 20s. Then that year either side of menopause, so that final year before it's 12 months since your period stopped and that first year of menopause, we lose a tremendous amount - for some women it's up around 20% of their bone mass comes off at that time.

What can we do to maintain bone mass?

The best way for us to maintain bone mass is with MHT, menopausal hormonal therapy and resistance exercise. There's a strong recommendation to do a bone density test at the age of 45 by the Australasian Menopause Society to get a baseline so that your specific risk is known. Now at the moment, Medicare don't fund that. You have to do it privately, but it is really good to know before you have reached menopause, what your bone density is so you can be proactive.

If your bone density is lower than expected at 45, you might make the decision to go on an oestrogen therapy sooner than you would otherwise, or it starts to shift your thinking a little bit more towards using menopausal hormonal therapy when the time comes, rather than leaving it for longer knowing that it's got as good effects for your bone density as taking the other bone density medications do that all have other side effects. You might decide to prioritise your gym program, or a simple series of exercises you can do at home to maintain or improve your bone density.

Has there been much research on the use of MHT combined with strength training?

There hasn't yet been the study that I want to see, which is having women on MHT plus doing proper strength weights. We've got some really good research around what sort of intensity resistance work needs to be at to promote bone growth, and we've now got some commercial programs like the Onero program that some exercise physiologists and physio practices have. That's based on a study that was done in Australia.

There's been a couple of really good studies over the decades showing the benefits of doing between 5 and 8 repetitions of a weight that is so heavy that we wouldn't

want to do another repetition of it. It's about building up the capacity to do that without getting hurt - making sure that we are working at that proper strengthening point. Doing 30 reps with light weights isn't going to improve our bone density.

There's also been studies done on really, really old people. So nonagenarians who are in a nursing home and at risk of death, then doing a program, sitting in chairs with some banding and with just having to lift their arms up and down - they actually build muscle strength!

We know that muscles pulling on bones improves the bone density as well. It's osteogenic, it makes you build more bone. At any age we can start to improve our bones. But when we're post-menopausal, our hormonal environment is less conducive to building any bone. It's a hormonal environment where more bone is being lost than is being laid down. So if the hormone therapy can help stop some of that loss and we're also doing the building that happens with resistance exercise, that's the exciting place. That's the bit that will really change what our bodies are like in our 80s and in our 90s.

What would be some top tips for our staff if they haven't already started some sort of strength training or resistance training and want to give it a go? What could be a starting point?

Flinders University in the College of Nursing and Health Sciences, has exercise physiology students and physio students that can actually help create a gym program for you on site, which can be very easily accessed through Health 2 Go.

There are some programs in the community like I mentioned - the Onero program is one version. There are OsteoStrong clinics that are offering bone building classes, and any physio who has a gym on site would be able to help you with that program - to be able to correct your form and technique along the way, particularly if you've got injuries or sore bits to contend with. And likewise exercise physiologists are going to be particularly useful if you've got other medical conditions.

We also have the Flinders Sports and Fitness Centre here on site as well. I believe several of the PT's that run the classes are exercise physiologists from Flinders – so that's another option.

Tory, as you know, menopause has gained a lot of media coverage recently, and a lot of social influences are jumping on it. Have you got any advice for what people should just look out for when they're reading these social media posts?

The really sad thing is that some of the influencers are some very, very well qualified people who have shared a lot of really good information, but who are now using their platform to sell products.

Whilst we don't want to begrudge anyone making a living and being able to leverage their profile into income, we need to make sure that products are evidence-based and have been tested rigorously. If it isn't, if it hasn't been recommended by the Australasian Menopause Society, it's because there isn't evidence for it to work. So there's all sorts of supplements people are taking, which may be doing more harm than good. There's too many people who are suffering from liver toxicity from taking turmeric supplements as an example.

The Australasian Menopause Society is a very key point of resource and knowledge that people can tap into on the topic of menopause. Have you got any other suggested resource points for interested staff?

Yes. The Jean Hailes Centre for Women's Health. They're based over in Melbourne and so they're also Australian and evidence based. They do a lot of work around Women's Health Week, which will be in early September.

They've got lots of great information and resources on their pages, all around the things that we can do to help look after our ourselves and a lot of menopause specific information as well. They're one of the best user-friendly sources that have good information for individuals as well as providing useful resources for practitioners as well.

Tory thank you so much for your time and your fantastic observations, advice and information!