Menopause and Shoulder Function | #397

Full Episode Transcript

With your host:

Susi Hately

From Pain to Possibility with Susi Hately

Introduction (00:00.00)

You are listening to From Pain To Possibility with Susi Hately. You'll hear Susi's best ideas on how to reduce or even eradicate your pain, and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

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Welcome and welcome back. I'm so glad that you're here because today I wanna get into a really important topic: shoulder pain and menopause. Now it's a really big topic because there's been so much pattern recognition around shoulders and women in perimenopause and menopause. There's also been a long history of women going to medical professionals seeking help about their shoulders and being basically given the shrugging of the shoulders and, "Well, you know, you are the age you are," kind of commentary.

And now, modern day, we've got more science and research that really gives a much better understanding—and perhaps it's not full understanding yet, but a better understanding of some of what contributes to shoulder issues that happen in perimenopause and menopause. And so now we've got something more to work with, that women don't necessarily need to have the shoulder shrug experience because we have some science to understand some of what might be contributing to the issues that they're experiencing.

That said, I do sometimes find that my bonnet gets into a little bit of a knot about shoulders and menopause, and that's partly why I'm recording this episode. Because even though we have some great research, when I am looking at and when I'm reading about shoulder issues and menopause, two things really stand out.

Now I will admit that they stand out perhaps because of the way that I look at movement, the way I look at biomechanics and healing. I have a certain lens, and my antenna is sort of geared that way, directed that way. What stands out to me is that there's a focus that can be on "this is what aging is, this is the way the body is, and oh, well." The other is that it's all about hormones, and when you take hormone therapy, all will change.

The first thing I want to state about this is that, yes, there is an age-related thing, and yes, there is clearly a hormonal-related thing. And I also wanna be abundantly clear that whether someone chooses to take hormones or not to take hormones has absolutely nothing to do with this conversation. I've had women work with me who are taking hormone therapy and do great. I've had people not be taking hormone therapy and do great. People take hormones for very important and significant reasons, some of which are because of what's going on in their shoulders, and others for all sorts of other reasons.

My focus here is that I work with a lot of people who have shoulder issues, are on menopausal hormonal therapy, and yet their shoulders aren't getting better. So it's important here because the people who come and see me are people who haven't succeeded in getting better yet. So

I'm working with a certain subset of the population of people with shoulder issues and happen to be in menopause.

My point here—and this is actually becoming more recognized by some very great researchers and speakers—is that it's not just a hormonal thing. The shoulder issues that are happening during menopause may have other factors involved. And so while you might hear my passion arising while I continue to record this episode, it's because we can help you with your shoulder issues. And if you're a yoga teacher or a health professional working with people who have shoulder issues and they are in perimenopause and menopause, we can help them. We can help them, and that's what I wanna dig into today.

Now, as you listen to this, you might be interested, you might be inspired, you might be kind of curious and intrigued by my next workshop called Power of Pure Movement: Perimenopause and Menopausal Shoulder Love. It's happening this November. It's a part of my Power of Pure Movement programming, and it really digs into this time of life and this type of scenario. We're doing it November 23rd and 24th. I'll be digging into the research, anatomy, physiology—especially digging into what's important around not only recovery, but also strengthening the shoulder and the key areas that need to be addressed as someone is going through or is about to go through or is past perimenopause and menopause—and about having really great, strong, supple, and functional shoulders to be able to do whatever it is that you wanna do. So that's all happening November 23rd and 24th. You can learn more over at functional synergy.com/shoulderlove.

So let's dig into it. I think it's important to begin at the science level, and I wanna summarize some of the research around perimenopause and menopause and physiologically what's happening with our bodies systemically that then shows up in the shoulder. It's also important to dig into why hormone therapy works, and then also other aspects that contribute to shoulder function that are related but have pretty much nothing to do with hormones and hormone replacement, and why it is that people can have hormone therapy and not have the progress that they want. So there's a gap that's present for some people, and maybe you who's listening to this episode. And ultimately, how do we fill or improve the gap?

I also wanna answer the age-old question of, "Susie, I am X age. Can I really have change?" In fact, just yesterday, I received an email from someone who said, "I am in my 70s. Can I really shift up my neuromuscular patterns?" So inside this episode, I also wanna share a couple of stories from my clients so you can hopefully feel a little more inspired about what is possible.

So let's dig into some of the research. What is the research actually telling us? Well, if we begin with what we actually know, we know that more women do report muscle and joint pain as they move through perimenopause, menopause, and into post-menopause. A systematic review and meta-analysis published in 2026 looked at 37 observational studies from 22 countries representing more than 93,000 women. About 40% of premenopausal women reported muscle or joint pain, and that increased to 57% in perimenopausal women and 59% in post-menopausal women. So there's something important here: that there is something changing through this transition.

We also know that estrogen has effects through the musculoskeletal system. There are estrogen receptors in muscle, tendon, ligament, and other connective tissues. Estrogen has relationships with collagen production and turnover, muscle function, inflammation, and tissue metabolism. So when estrogen begins to fluctuate and then decline through perimenopause and menopause, it is entirely reasonable to consider that changing hormonal environment as one of the key factors influencing how our tissues feel, respond to load, and recover. This is significant, especially because women have spent a very long time being told that these symptoms are simply a part of getting older, or they're also told that they really aren't experiencing what they're really experiencing. So the key factor about this research in recognizing that the hormonal environment matters is really amazing. It gives us another piece of the puzzle.

And I think there is a piece where we have an opportunity to be careful, or maybe deliberate or specific might be better words. Because when we move from general muscle and joint pain to specific diagnoses, particularly something like frozen shoulder, the research becomes less clear. Frozen shoulder or adhesive capsulitis certainly shows up a lot in middle age, and women are commonly affected. But when researchers specifically looked at shoulder diagnoses in perimenopausal versus premenopausal women, adhesive capsulitis is common in both groups. And in the study included in that 2026 systematic review, about 35% of perimenopausal women with shoulder symptoms had adhesive capsulitis, compared with about 32% of premenopausal women—and that difference wasn't statistically significant.

Here's something else I find fascinating: of those 37 studies included in that systematic review, only one has specifically compared individual shoulder conditions between perimenopausal and premenopausal women. One. So when I hear statements like "frozen shoulder is a menopause thing," the research doesn't allow us to make that statement with an absolute 100% degree of certainty. Yes, there is a relationship. Yes, that's worth investigating. Yes, there are biologically plausible reasons for the hormonal environment that could contribute—absolutely. And absolutely there is clearly enough for all of us to pay attention. But that's different from saying your estrogen dropped, therefore your shoulder froze. And those are two very different statements.

The same thing happens when we start talking about menopausal hormone therapy, and there's some really interesting research emerging here. A 2026 study looked at almost 2,000 post-menopausal women between 40 and 60 and compared women who were prescribed hormone therapy with women who weren't. Frozen shoulder was identified in about 7.7% of women who weren't using hormone therapy, compared with 4% of those who were. Now, when you hear those numbers, it's really tempting to say, "Well, there it is. Hormones protect the shoulder." Except the difference is not statistically significant. The confidence interval was wide, and the researchers themselves called this a preliminary study and said larger prospective studies are needed. In fact, researchers are currently studying this question further. So again, is it curious? Yes. Is it the answer? Not yet.

And when we zoom out beyond the shoulder, the hormone therapy story becomes even more interesting. In a recent systematic review and meta-analysis that looked at 57 studies representing almost 4 million women and examined hormone therapy and musculoskeletal pain,

for generalized musculoskeletal pain, they found no significant overall difference between women who had used hormone therapy and women who hadn't. For other musculoskeletal conditions, the findings were inconsistent enough that researchers couldn't draw firm conclusions.

So I don't think the useful conversation is that hormones don't matter, because they do. And I don't think the useful conversation is "hormones explain the shoulder," because we don't have the evidence clearly to say that either. What I think the research is telling us right now is the hormonal environment is one part of a much bigger biological picture, and that distinction really, really matters. Because risk is not a diagnosis, and association—just like correlation—is not causation. And a physiological environment that may make someone more susceptible to a problem doesn't necessarily tell us why this particular shoulder in this particular human is hurting right now. And it certainly doesn't tell us everything about what we can do to help it change.

Which brings me to an email that I received recently, and when I read it, it made me think about how this is exactly what we're talking about. So the basis of the email was a woman who was writing about a terrible-feeling shoulder. She had hurt it a number of times over the years, and she thought that over those years of hurting it, it was now finally coming to kind of get her. Then she shared about how she was chatting with her friends, all of whom are in menopause, and one mentioned that frozen shoulder is a thing in menopause. And she acknowledged that she had also heard this, too. She said that her symptoms feel like the shoulder capsule is gripping onto the humerus. And there's movements that she struggles with: arms coming overhead, arms coming to the side, arms coming in behind the back. She was wondering: was it a frozen shoulder, was it arthritis, or was it simply aging?

The piece that got me really interested is that when I get emails that rhyme or sound similar to this, I'm very cognizant about jumping from "this person is in perimenopause, their shoulder hurts" to "aha, it's a menopause thing, it's frozen shoulder, or it's fill in the blank." The reason for this is because she's also said—and this is very, very common with other women that I work with, whether in my group therapeutic yoga classes or in my private one-on-ones—she has hurt this shoulder a few times over the years, and she's noticing something very specific in terms of her struggles with moving her arm.

And this makes me curious about what's actually happening with her movement and where is the movement limited. Is it actually the arm in the socket? Is it the blade on the ribcage? What happens when someone passively moves her arm, or her blade, or her ribcage? What shifts? What changes? And when there is a direct input into the tissues around the shoulder girdle, then what happens? And along the lines of the way that I often work, what's compensating here? What's going on down in the pelvis or in the abdomen? And when she moves through those areas and moves better, what then changes?

Getting an arm up overhead, to the side, or behind one's back doesn't tell me on its own what's happening. It doesn't tell me a diagnosis. And granted, me even diagnosing is way beyond my scope. My point here is that we can get ourselves into some tricky arenas when we have a

compelling explanation like menopause. And menopause, yes, may absolutely be part of the context. Aging may absolutely be part of the context. Her previous shoulder injuries may be part of the context. But context isn't necessarily the explanation.

I don't want us to see an age or hormonal stage, a diagnosis, or an imaging finding cause us to stop looking at the person and their movement. There's still a shoulder to look at. There's still movement to observe. There's still the history to listen to. There's still a relationship between the arm, the shoulder blade, the ribcage, the spine, and the rest of the body. And there's still the question that I am consistently interested in: tissue can change, so what are the relationships here that have an opportunity to shift?

Because knowing that menopause may contribute to the environment in which a shoulder problem develops is absolutely useful, and it doesn't necessarily tell us what's driving this person's limitation. It doesn't tell us what capacity is still available. And that's what becomes very, very curious.

And let me give you an example of a client. An example of a client that I was working with in my therapeutic yoga for shoulders and hips class is somebody who had a long-standing shoulder issue from about her 30s through until now, and she's now over 65. And now, at this point, the shoulder is starting to get very testy for her. And she decided to take hormone therapy, and there was a change in certain aspects of her world physiologically. There were things that shifted in the way that she felt her brain function. There were things that were shifting in the way that her body moved. And curiously, there were no changes in the way that her shoulder felt.

So what becomes interesting here is: here we have a scenario of things making some progress and other things not. And we did what we always do in the therapeutic yoga for shoulders and hips class: we started by focusing on more pure movement, by simply bringing ourselves into smaller, more granular movement of looking very proprioceptively at how the arm bone moves in the shoulder socket, how the shoulder blade moves on the ribcage, and how the leg bone moves in the pelvis. And I know this is entirely boring to listen to. But the reality is this: most of our everyday movement is actually quite complex, meaning that there are a number of things happening to do any activity.

When we are lifting groceries, when we are driving a car, when we are doing anything with our arm, rarely are we doing it in one single movement. Think about putting on a bra. Think about drying your hair. Think about washing your hair. The arms are coming into a variety of different movements; it's not one plane of movement. The joint isn't moving in one specific direction. So when we have a more complex movement—meaning more planes of movement are involved—and there is pain or there is a problem, by bringing our movement in a therapeutic setting back to the smaller granular movement, the smallest element of what makes up most everyday movements, and grow our awareness there, that's where change happens.

Why? Because in cases of persistent pain, so often where the pain is is not the problem—yes, even with the shoulder, even when there are structural or physiological changes in the shoulder itself. Because when people have injury over a period of time where they've multiple—have

multiple times of hurting themselves, there have been compensation patterns, typically, that have helped us continue to move forward. And not just that: the simple fact of us being on the planet for as long as we have, we've got a few compensation patterns that we have utilized over those years.

And the beauty of compensation, as I continue to say on this podcast and throughout everything that I teach, is that compensations typically happen under our level of awareness. We're not clued into them; that's what makes them compensation patterns. And so we can't change them, because we can't change anything that we're not aware of. So the first step is when we go small, when we peel it back, when we don't go as fast, we can tune in to what's actually making up the movement.

Now, ha ha ha, now we can see. So, for example, today when I was teaching, someone noticed how much her shoulders rounded forward when she moved her hips. Another person noticed how much she gripped in her breathing when she moved her hips. Guess what? The shoulders rounding forward is impactful. Someone holding their breath is impactful on shoulder function. And the woman I'm referring to—the one who had taken the hormonal therapy where she had some gain, but the shoulder didn't change—guess what began to happen after a few weeks? The shoulder pain started to dissipate. Yes, even despite the tissue changes that happen, even with adding the hormone therapy, she made change.

I see this over and over again, even with people with osteoarthritis. You can have structural change, you can have physiological change, and, yes, you can still make gains. There's still this idea that if there's a structural change in your body, that is the reason for pain, and that's not the case. Some people, yes, there is a direct relationship. Other people don't have any structural change—there's no scan that can find anything—and they have pain. So the point is that pain and structural change are not one and the same. It might be, it might not be, which tells me there is a ton of opportunity to improve our movement patterns, to change the way that we experience movement, that we load movement, and the way that we feel movement.

But the way that I like to work with it, which I find so incredibly effective, is that we start small. We get the small, foundational, fundamental movements working better, and then we add to it, and then we learn how to load it, and we listen closely. People can make change. Shoulders can make change. We do it a little differently, yes. It can still happen progressively and effectively.

So with that, if this has you interested and you wanna join me for a little shoulder love, specifically for the perimenopausal and menopausal shoulder, join me this November 23rd and 24th. Early bird registration is on functionalsynergy.com/shoulderlove.

The bottom line is this: yes, there are fundamental changes that occur through perimenopause and menopause. The way that we were in our 20s and our 30s is not the way we get to be in our later years. But that doesn't mean we can't be stronger, it doesn't mean we can't be more mobile, and it doesn't mean we can't be more stable—and it certainly does not mean that we cannot reduce and eliminate pain. Change can happen. My clients prove it every single day, and

I would love for you to be a part of that, too. So again, come join me at functionalsynergy.com/shoulderlove.