

[206: Resiliency Radio with Dr. Jill: Let's get Perimeno-Fit with Coach Betty Rocker](#)

Dr. Jill 00:00

Hey guys, I am so excited to announce that the movie that you've been waiting for, the documentary Doctor/Patient, is now available for rent or purchase at DoctorPatientMovie.com. Check out the trailer here.

00:13

Dr. Jill: When I really knew something was wrong, was when I started having trouble walking up the stairs. I was supposed to be grateful and happy and healing and well and thriving, but I did not feel that way. I was so sick. Like always, I wanted to find an answer, and I had to figure it out. And I had to figure it out to save my own life. So I dove in.

00:38

James Maskell: Jill is the leading voice in biotoxin illness and chronic conditions that are driven by toxicity.

00:43

Bree Argetsinger: Oh my gosh, you're dealing with mold? You have to work with Dr. Jill Carnahan.

00:47

Patient 1: Dr. Jill is the first person that actually began to shed some light on the problem.

00:53

Dr. Jill: What I do is listen to the patient, and we together talk about what else is possible.

00:59

Patient 2: I don't know why I'm crying.

01:02

Patient 3: She saved my life.

01:06

Dr. Jill: The deepest lessons and most profound insights come in the suffering, come in the dark moments. Self-compassion is the healing transition that shifts something inside of us. It's actually the thing that we need most in order to heal.

01:26

Narrator: *Doctor/Patient*—available now at DoctorPatientMovie.com.

Dr. Jill 01:36

Welcome to *Resiliency Radio*, your go-to podcast for the most cutting-edge insights in integrative and functional medicine. I'm your host, Dr. Jill, and join us as each week we dive into the heart of healing and personal transformation. We're going to lead with the best leading experts and researchers in the world of functional/integrative medicine, empowering you with knowledge and inspiration to empower you on your healing journey.

Dr. Jill 02:00

Today, I am so excited to be here with a colleague and friend and someone who I respect so deeply in the industry, Bree, aka Coach Betty Rucker. She is a forward-thinking woman-specific coach and personal trainer who takes a holistic approach to building a strong, fit body you love. She provides life-stage-specific guidance, whether you're still in your cycling years, in perimenopause, or postmenopausal. Her goal is to empower you with the skills and knowledge you need to make the best choices for yourself inside and out so you can love the person you are, achieve the results you're looking for, and enjoy yourself along the way.

Welcome, Bree, to the show!

Betty Rucker 02:41

Hello! Thanks for having me. It's great to be with you.

Dr. Jill 02:44

Yes, it's always fun. Even before we got on, we could talk for like a half hour and we were like, "Okay, let's start the show." But it's so fun to connect. I'm especially

excited because you've been working on a program which is [going to be] out when this is released. It's all about speaking to these women in different, specific stages of life. I'd love for you to frame us with who this program is for, because I think a lot of our listeners are going to relate.

Betty Rocker 03:11

Thanks for that, by the way. I'm personally in perimenopause right now, as you know, as you've been serving me as my doctor, which I so appreciate, as well as being my friend. But going through perimenopause has been challenging. At the start, it was very challenging. What was really interesting was that I wanted to create a program that served women my age once I got to the other side of the frustration and all of the challenges that this transitional time in our lives really brings. I feel like I used to have this negative association with the word menopause. Then, once I got to this stage where I'm almost there, I was like: "Oh, wow! I feel like I just need to learn new stuff. I didn't get a manual for how my body works when I was born. So I've got to put that together, not only for myself but [also] for these women who I serve and who are walking on this journey with me."

Betty Rocker 04:12

Fortunately, this coincided with a time in history when we're suddenly getting more research on women, specifically. We're not small men, as our good friend Stacy Sims always says. There's a lot more science and a lot more research for women. As a result of that, we're getting better ideas about how to navigate these transition years, for instance, and then postmenopause as well. So I put together a new program called PerimenoFit, which takes you on a journey for eight weeks. It sets you up with the training strategies, the nutrition strategies, and the lifestyle strategies that really do make a difference to you in perimenopause in these transition years.

Betty Rocker 04:57

Over the last five or so years since I've been in perimenopause, I've gone from being bloated and feeling a little bit like I was gaining weight—even though I'm a trainer and had all these things dialed in—to now being lean and shredded and feeling amazing, having great energy, and knowing how to navigate things as I go. That feels very empowering. So I put all of that into this new program. But I also wanted to serve all of my women in every life stage. So before I released PerimenoFit, I

went through every past program that I've created—because I have some great programs—and I added custom options for women in perimenopause and postmenopause. Because, when I created those programs, I was in my cycling years. I hadn't learned all this yet. Once I learned, I wanted to provide those resources so that any woman who does any of my fitness programs now has access to custom tracks and custom guidance. All of that is now accessible in the whole Betty Rockyverse, basically.

So I appreciate you asking. I know that was a very long answer, but I appreciate the opportunity to learn and then to serve, just like you.

Dr. Jill 06:12

I love that. And I love that you framed that.

What's interesting about your story and mine as well [is that] most people don't know that their doctors are not trained for menopause. I have a couple of OB-GYN colleagues and they do maybe a weekend eight-hour course or something very, very small—maybe less than that, maybe even just a couple of hour lectures—on what to do in menopause and help women. Since 2001, which was the year I graduated from medical school, there was this massive fear around hormones and menopause: "What do we do with this?" There's been a lot of ignorance.

Dr. Jill 06:48

I'm just going to frame that because, as we talk, if you're talking to your doctor and they're not menopause-aware or you're talking to a coach and they're not, it is a big deal. The framework is that as you and I have gone through this—and this is what I'm seeing in my colleagues who are maybe in medicine and are going through it—all of a sudden there's this new, 'Aha!' For me for sure. I went through premature ovarian failure after chemotherapy in my 20s, so I went through a mini-menopause for two years and then multiple different things. I actually went through complete menopause. Menopause is the day when you stop your period, and then after that is post-[menopause]. So I'm post-menopausal. Even though I've been through breast cancer, I know hormones, and I help women deal with their hormones, I don't think I understood the depth of the information. And like you said, what's exciting is that so many of our colleagues are coming out with books and information that's really,

really helpful and science-based for women, whether you're perimenopausal, whether you're in that last period and then beyond for postmenopause.

Dr. Jill 07:49

I'm so excited to talk to you about that as far as what women do, because I think a lot of women out there are getting mixed messages. Many women, at least in the last 20 years, go to their doctor, talk about the symptoms, which I might just outline, and then let you go with it. And they talk about these symptoms. I'm going to give you guys a list if you're out there and are like: "Is this me? What's going on?" And their doctor says: "Well, you might just be depressed. Your labs are normal." That makes me so mad because it's way, way, way more than a mood disorder. It does affect our moods. But this is a hormonal transition that we all go through. And now, as we're living longer, we get to sometimes spend 20-30 years postmenopausal. So this is really, really critical.

So anyway, thank you for creating a program. Thank you for coming on the show to talk about this, because I think women are so hungry for more information.

Betty Rucker 08:38

I couldn't agree more. To your point about their doctors, I want to first thank all the doctors out there for all the things that they have learned to this point. Just like I was sharing, I realized what I didn't know when I got to that point and I wanted to learn it. I feel that every doctor I've ever met got into medicine because they wanted to help take care of people, save lives, and help people. So I just want to say that I think that they're also eager to learn and to help women more, but they just don't know what they don't know. If they had had that presented to them in medical school, they would [inaudible].

Betty Rucker 09:20

I think we have a lot of opportunities to help elevate the medical profession at this stage of history, and that's only going to help women. This is a time in history when we really need to help women. It's really important. It's always been important, but it's very important now, especially. So I'm excited and hopeful to see changes happening in that arena because I, too, Jill, have heard so many of my customers tell me they've been dismissed for their health concerns.

You were going to go through the list of some of the symptoms someone starts to have. Do you want to maybe take [inaudible]?

Dr. Jill 09:57

Yes, let's do that. Some of you out there listening are like: "Is this me? Where am I at?" I'll just frame it really quickly. What happens is this: Perimenopause is usually anywhere from 35 to 45 years old. It can even be a little longer. The average age of menopause is 51, so between 45 and 55 is a pretty good sphere. If you're 40 to 45, like I was, and you stop having periods, that's considered premature menopause. But if you're out there and you're 35 to 55, it's probably worth speaking to you because you're somewhere in this range. Before you stop having periods, what usually happens is that your progesterone starts to putter out so you have some estrogen dominance, which means you might be moody or [have] heavy or painful periods, breast tenderness, or all these kinds of things, maybe even breakouts. Then, all of a sudden, you start to slow down and at some point, you stop having a period. Once you've been 12 months without a period, officially, you've hit menopause, and now you're post-menopausal. So that's kind of a definition.

Dr. Jill 10:51

And let's just frame symptoms, because I think people will relate to them. I use a symptom score sheet because I think that's more accurate than labs. Some of the symptoms are hot flashes, lightheadedness or dizziness, headaches, irritability, feeling down or depressed or lack of motivation, anxiety, mood changes, restlessness at night or insomnia, backache, joint pain, new tendonitis, shoulder aches or those kinds of things, muscle pain, and new facial hair—all of a sudden you're like, "Where did those chin hairs come from?"—dry skin, loss of sexual libido or loss of sexual interest, uncomfortable intercourse, vaginal dryness, and urinary frequency. And those are just the big ones.

Dr. Jill 11:34

So I'll let you take it from here, Bree. So you see these women. What do you see in their needs? And talk about your program. I'm sure you address diet and lifestyle. And maybe we can frame it as far as the pre-menopausal and then the post-menopausal as well.

Betty Rocker 11:51

Yes. And I'm glad you went through that list. When you listen and you hear those symptoms as Dr. Jill was going through them, as you were first saying them, I was like, "Gosh, some of those sound like PMS." They could be coming from a variety of different things. So it's often hard to pinpoint "This is perimenopause" or "I'm just starting to have this." And if you're on the pill, you may not notice some of the symptoms as quickly because the pill is going to suppress your own natural hormone response. So you don't maybe notice the dip as your hormones start to decline.

Betty Rocker 12:28

And you mentioned the loss of libido. One of the things we were talking about was how your progesterone declines. Well, your estrogen levels are also declining. And you can still have estrogen dominance, even as both of these hormone levels are declining, which is crazy, but it happens. Your testosterone levels are also declining. These three hormones together are really powerful for us as women. We've got three different types of estrogen. The one that we start to lose that's significant for our body composition specifically is E2, or estradiol. I say estradiol, right?

Dr. Jill 13:02

Exactly.

Betty Rocker 13:03

Yes, okay. Sometimes I'm not sure of my pronunciation. Estradiol is really important for our anabolic response—our ability to repair and recover our muscle tissue. One of the things a lot of women start to notice that they come to me for is that they're gaining weight. And that's the main thing: "I'm gaining weight." They're maybe not defining it as "I'm losing my muscle and gaining body fat," which is how I define it because the more lean mass we have on our body, the more metabolically active we are. That means the more calories we burn at rest. There are a lot of benefits to muscle and having muscle on your body. And this doesn't mean you're a bodybuilder. This just means your body has skeletal muscle all around your bones. It provides you with support, structure, and strength. We want to pay attention to the health of that tissue, strengthen and repair it—the way we eat and all the ways that we live. It's not something to be afraid of.

Betty Rocker 14:02

The problem is that as we hit perimenopause, we start to lose it because our E2 estrogen starts to go down. Then it is compounded by the loss of our progesterone. Progesterone serves as a bit of a buffer to your cortisol. You start to feel more anxious, and you start to feel more stressed. As cortisol rises with no buffer to protect you against its impact, you're more likely to store more body fat, and cortisol will also break down your muscle tissue. So there are these compounding things happening. Plus, as your testosterone goes down, it impacts your libido, but it also impacts your bone mass and your muscle mass. These are just a few little things that are impacted by the hormone imbalance that begins to happen. You can think of it like a car starting to sputter. Would you say that's a good analogy, Jill?

Dr. Jill 14:57

Yes, I always say it's like the end of the Heinz ketchup and you're like...

Betty Rocker 15:00

Yes. It's not all at once. You almost don't notice when your period starts to slow down. Every woman is different. Women from different cultural backgrounds also experience perimenopause a little bit differently. Sometimes it lasts longer. You were saying, Dr. Jill, that there's this 15- to 20-year span that it could be in. It could start early; it could start later. Mine started in my early 40s. I asked my mom when she hit menopause, and she was the average—she was 52, I think. Maybe that'll be where I am too, but it's also impacted by my lifestyle and a lot of other things as well. I think it's all just so interesting.

Betty Rocker 15:47

Because women don't know that much about their hormones, we just take them for granted until something goes wrong, usually. We're just functioning; we're just trying to get through the day. We're not trying to think about our hormones until we have an issue. And I guess I just come back to the symptoms you listed for us, because you won't experience all of those symptoms at once. Perimenopause and approaching menopause don't happen at once, and they don't happen sequentially. There's this compounding situation.

Dr. Jill (pre-recording) 16:20

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected: Finding Resilience through Functional Medicine, Science, and Faith*, is now available

for order wherever you purchase books. In this book, I share my own journey of overcoming a life-threatening illness and the tools, tips, tricks, hope, and resilience I found along the way. This book includes practical advice for things like cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein-Barr, and mold- and biotoxin-related illnesses. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by ReadUnexpected.com. There, you can also collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine and finding resilience.

Dr. Jill 17:15

One day you can have that spurt—like you said, the car sputtering, or the Heinz ketchup—of estrogen, and all of a sudden you have breast tenderness, and maybe that cycle is heavy. And your ovaries go back and forth with ovulation and you have this irregular ovulation, sometimes a lack of ovulation during perimenopause. But often you'll even notice every other month you have different cycles—the right side ovary does one thing and the left does another. So I've had a lot of women talk about that too.

Dr. Jill 17:42

So what do women do? I love the way you talked about hormones too. And I want to talk really briefly [about]: What do women do? All of a sudden, estrogen and progesterone drop. And you mentioned insulin and cortisol. Insulin is going to cause visceral fat around organs and insulin will cause metabolic dysfunction. So all of a sudden, women will say, "My blood sugar is higher," "My intolerance to carbs is worse," or all those things related to higher insulin, which is the precursor of diabetes—diabetic metabolic stuff. And then the cortisol stores fat on our body. And when you have estrogen and progesterone drop and cortisol and insulin go up, of course you're going to gain some weight or feel like you're puffy around the middle. What do women do? Let's talk about the actual how-to with these hormones because it's almost inevitable. But we can make changes that will modulate that, right?

Betty Rucker 18:32

Absolutely, we can. I'm glad you brought up insulin because I didn't mention it before but it's always on my mind because, as our estrogen declines, we do struggle

a little bit more to regulate our insulin. One thing that you can do today or any day this week after you listen to this [is] walk after a meal. This is one of the fastest ways to help reduce your blood sugar response. This is also great for your digestive function. Just walking more in general is one of the secrets to fat loss in perimenopause. You always knew that walking was good for you, but as we start to get into this life stage and also later past menopause, this becomes one of the dials that you can turn to increase your body's ability to burn body fat.

Betty Rocker 19:21

Residual movement, the movement that you do throughout the day, accounts for about 15% of your total daily energy burn. Only 5% comes from your workout. Seventy percent of your daily energy burn comes from your resting metabolic rate, and that's impacted by how much lean muscle you have. You'll burn more calories at rest if you have more lean muscle. So there's another plug for getting stronger, which we'll talk about in a bit.

Betty Rocker 19:45

Then another 10% comes from digesting your food—the thermic effect of food. You can make that go up by eating more protein because protein takes more energy to digest and break down—the nutrient absorption of protein. I'm not saying you need to eat just protein, but you need to make sure it's an important part of your meals—every meal that you eat.

Betty Rocker 20:05

Back to my main point, which is that you are burning a certain amount of energy just by existing—your basal metabolic rate. You're burning some energy when you're eating your food. You're burning 5% of your energy with your workout. So there's this other 15% accounted for by how much you move throughout the day. And a lot of us at this life stage are more sedentary than we've ever been, which coincides unfortunately with the drop in our hormones. So if you would just walk more, if you would make walking one of your non-negotiable priorities daily—it doesn't have to be after every single meal, it could just be that you always walk after dinner or you always walk after breakfast and then you try to walk more throughout the day—you'll see a real impact on your body's ability to lose body fat.

Betty Rocker 20:51

I got a walking pad last year, which had a huge impact. You've probably seen my videos of me walking on my little walking pad. It only goes four miles an hour, tops. I work from home so I'll walk on it after lunch for 10 minutes. And at night, if I'm watching a show, I'll walk on it during the show because it gives me more time that I'm not just sitting on my butt. [laughs]

Dr. Jill 21:16

That's a great hack. In fact, our office got excited about walking so we have one of those really simple walking treadmills that can move around. All the staff shares it; they just rotate it. So yes, I think it's a great, great idea.

Betty Rucker 21:28

Yes. Mine's really light and portable and I move it. Sometimes I'll record a podcast while I'm walking slowly on it. But there's so much evidence about walking, especially for women. There's so much evidence that nearly all causes of cancer are reduced by walking more. There are a lot of studies on women postmenopause who get a tremendous benefit from walking for improving their bone density, which is something that we really want to think about as we age because the loss of those hormones means that a lot of us are not doing all the things that we could be doing to preserve our muscle mass. Some of the benefit of working toward preserving muscle mass also helps preserve your bone density. Low-impact walking is just so amazing. It preserves your muscles and helps strengthen your bones. And then you can do other things as well, but just walking has this tremendous impact on us. So that's just one thing that I would say.

Dr. Jill 22:26

I love that, Bree, because that's so accessible for any woman, no matter what your weight, stage of life, or even disability-wise. Usually, people can hopefully have that mobility. I think it's so crucial. It's been one of my favorite times of the day. And sometimes it's late because, until I get done, it's 9:30. But I love the moonlight walks. I take one every night before my Epsom salt bath.

Betty Rucker 22:48

That's great. I know a lot of you out there are overachievers like me. You're like, "Okay, if I can do that, what else can I do?" You could wear a weighted vest when you walk to help distribute the load of weight on you. And only do this if, when you're walking, it's pain-free and you don't have joint pain when you're walking. But

I would say that that's a really easy way to add a little bit of extra resistance to your walk. If you're like, "I really want to use this for weight loss or fat loss purposes," that's a great bonus hack that you could add to your walking routine. And there are other things.

Dr. Jill 23:27

Yes. Let's talk about what else you could do if—

Betty Rucker 23:28

[inaudible].

Dr. Jill 23:30

Yes. And frame it as far as the perimenopause and menopause. Maybe you can give a couple of options.

Betty Rucker 23:34

When you're in your cycling years, you've got the highest levels of circulating hormones that you're ever going to have. And you have almost a natural advantage, though you don't realize it. Sometimes if you're in my or Dr. Jill's life stage, you're like, "Oh, if only I'd known this back then," because these strategies that I'm going to share with you could have worked for you really well in your cycling years too. So if you're listening to this and you're like, "Oh, this isn't for me," this is for you too, because creating balance in your workout routine can benefit you at any time in your life. You just have more resilience when you're younger and you have more robust hormone function.

Betty Rucker 24:09

When we get into perimenopause, we want to start thinking about recovery and how we're polarizing the volume of our training with the recovery that we're doing. You could have thought about this in your cycling years too but if you didn't, you got away with it. So this is the time to really start to care about this and dial it in.

Betty Rucker 24:29

When I say volume, what's high volume for you listening right now, where you're at? That might be working against gravity and your own body, and that's challenging for you. That's a great way to build a strong foundation and a base of strength in

your body. You may have been doing bodyweight training for a while or you're training from home and you're already using some weighted objects. This is the time to start to get a little more specific with the amount of resistance that you're using and really start to challenge yourself against a load.

Betty Rocker 24:58

If you're experienced using your home dumbbells or your home workout equipment and you're using very light weights and going through 20 reps in a workout circuit, this is when I want you to start thinking about upping the challenge for yourself and working against a load because your muscles are going to adapt to the load that you provide them with. If you challenge them enough, they will respond. They break down when you're doing your workout and then you rebuild and repair them as you're resting, recovering, refueling, and [doing] the other pieces that are important. But it's this polarization between high-volume training and the appropriate amount of recovery that's so important.

Betty Rocker 25:40

Other aspects of high-volume training that matter for us are high-intensity interval training. We can think of sprints. We can think of things like tabatas, box jumps, and plyometric-type exercises. All of that type of speed, burst, or explosive cardio is the same thing. It's all in the same category. That really loads your joints, strengthens your muscles and bones, and is really powerful and effective for you.

Betty Rocker 26:05

What we want to step away from are the long, extensive cardio sessions. These are the types of things that can burn you out a bit. It's very buzzy right now for people to say, "Oh, don't do cardio because it elevates your cortisol and that's all bad." And I'm like: "No. Cardio has a very important place in our workouts." What we don't want to do is [do] too much cardio. We want to do strategic cardio. And that's what we're talking about—explosive cardio. So it's resistance training against a load that's effective and challenging for you and explosive cardio.

Betty Rocker 26:39

And then, if you're already comfortable using your dumbbells and you're trying to do deadlifts or squats and your little dumbbells aren't making it so that you have to stop at like 12, 8, or 6 reps, you may want to start going up to heavier weights like

barbells and those types of things. You want to gradually build yourself up. You don't want to go from zero to the highest level just because someone told you to lift heavy. Lift heavy for you. Build your strength. You've got years to build this up. It took me years of training to build my own strength. I'm so grateful I did because I got to this life stage, and I already had a base. So I'm building from there. You want to build where you're at so that you can stay safe and injury-free.

Betty Rocker 27:24

And then there's even more specificity that you can get into. Once you're working in, say, an 8-12 rep range and you're comfortable there, that's when you want to start challenging yourself to maybe go a little heavier and get your rep range lower. Maybe it's a 6-8 rep range. Maybe you're doing 4 to 6 reps. And this applies to you post-menopause as well. It applies, but it's almost even more essential for you to be training with high volume and then recovering.

Betty Rocker 25:28

And that doesn't mean training is every other day, although that's a very effective way to train. It could be that you're pairing low-impact strength training with an explosive cardio workout [on] day two and then you're taking a recovery day. It doesn't have to be one and then rest, but it can be. Those are all just different ways that you could explore that type of polarization in your training. The point is: Focus on resistance training and explosive cardio as two of the important pieces of your training that are going to help you the most to strengthen your muscle tissue.

Betty Rocker 28:22

But muscle doesn't grow when you are training it; it grows when you rest it. And this is what's so important to understand because, as that E2 (estradiol) that we were talking about starts to taper off, and then post-menopausal it drops off, we have to use these other pathways that our body has for building muscle because we don't have the same level of resilience to bounce back from a workout. Quickly: After we train, we create an inflammatory response in the body with our workouts. The body needs more time to recover and come back strong after you've trained.

Does that all make sense?

Dr. Jill 28:57

That is spectacular. And a couple of questions, because I can hear people asking. Number one, I have a lot of people who listen who have a chronic infection, long COVID, or some serious chronic issues, and they might be struggling to just get out of bed. I love the idea of walking, but I want to speak to one thing in particular, and this is what we see as post-exercise fatigue: People who work out too much or too intensely will have a day or two where they... I always say, "Did you pay for that workout?" And not in a good recovery way. I'm talking, they can barely get out of bed. I feel like there's so much evidence for conditioning in these situations—POTS, dysautonomia, the chronic stuff. And I know your population is healthier—all ranges. But what would you say to that person out there who's like, "Ah, but Jill and Bree, I can't hardly do this"? How could they start or get some semblance of success with a difficult situation like that?

Betty Rucker 29:57

That's really good. That's a good question because there is a third component to this training strategy structure that I create for people in my training programs: It's the self-care—the active self-care piece. This is a hugely important component, especially as we're aging and we're losing things like collagen and elastin and the flexibility in our healthy tissue. It's not just about your workouts. We've got to talk about the recovery. And this is a way in for people who may be struggling as well. The range of motion in your joint is what mobility means. Flexibility is the stretch factor of your muscle tissue. You want to work on both. This is why things like yoga are fantastic. Pilates—a lot of people really enjoy Pilates and don't get into it until they're in their 40s. And they swear by it. That's because they haven't really had a chance to work their bodies against that type of resistance that is also increasing the range of motion around their joints. It's improving their mobility. It's improving their flexibility and their tissue health.

Betty Rucker 30:58

But remember, a lot of us have the tendency to always think that more is going to be more. "More workouts are going to give me more results." This is what will burn you out, because, like we were talking about, exercise creates this inflammatory response. So you need to have thoughtful programming, whatever level you're starting at. You have to be very thoughtful about the recovery time your body needs. I tend to train three to four days a week, max, at high volume. And then I'm

taking active recovery days the rest of the time. I'm either doing yoga or a mobility thing or I'm walking. I'm always walking. A rest day doesn't mean I'm a couch potato. I don't recommend that for anyone.

Betty Rocker 31:40

I do think that that type of work is very body-weight in nature. That's why I say, just because you hear us talk about high-volume training, what's high volume for you right now? And also, is high-volume training even appropriate for you? If you're dealing with an autoimmune condition, you may want to talk to your doctor before you get into some kind of high-volume training situation where you can set yourself back without meaning to. I think we all have to take this information on an individual basis.

Dr. Jill 32:15

I love that. First of all, daily walking, as long as you're able to move, to me, is a core and I recommend it to 100% of my patients—as long as they're mobile and have strength in their legs. And if they don't, well, let's work up to that so that you can, because that is such a key. I couldn't agree more. And then, from there, you can pick and choose. And my thought is that the data supports it even for those who are having severe post-exertional fatigue. There is conditioning, so they start small. And you might work with a trainer, get your doctor, coach, or whatever else. Even then, there's no excuse for not moving. But I like your idea of recovery.

Dr. Jill 32:54

Give us an example. You mentioned what you do, but give us maybe one or two examples of what a calendar would look like for someone who's trying to find balance. Say for the average postmenopausal woman who wants to maintain muscle, what would that look like for her weekly planner?

Betty Rocker 33:09

Sure. I'd start her out with a Monday, Wednesday, and Friday training split of her workouts. And let's say Monday was a lower-body-focused day. We're going to focus on lower-body strength, and we're also going to build in some plyometrics that day. We're going to take a recovery day on the second day, but we're going to do some mobility work that day. Wednesday, we're going to do an upper-body-focused day. And we're also going to have some plyometrics built into

that day. You're going to have some resistance training and some plyometrics together on that day. And then on Thursday, you are going to do some breathing. You're going to sit down and you're going to do some stress reduction on purpose. That's either going to be alternate nostril breathing, which has great research and health benefits, or it's going to be box breathing. Or you're going to do an activity like that intentionally.

Betty Rocker 34:00

And you could do that any day. If you start building that into your week, at least once a week, the way that you see it is like: "This is just as important as my workout because it's going to help build my stress resilience. This is going to help lower my cortisol levels. And I'm going to feel so good from doing it. Maybe I'll do it on other days too." But you've got to pick a day and add that in if you're not doing that yet. We've got to start somewhere.

Betty Rocker 34:21

And Friday, maybe you'll do a full-body workout with some plyometrics built in. Or you could do a low-impact strength-training full-body workout on Friday, and then on Saturday, you could do a high-intensity interval training plyometrics workout if you wanted to space them out. Or you could do them all on Friday. It really depends on how busy you are. I find that a lot of women, especially post-menopausal [women], want to be active on the weekends. They want to go hiking, or they want to go kayaking. Especially in the summertime, they've got a lot of stuff to do. So it might be nice to get your workouts done in that three-day split.

Betty Rocker 34:52

And is that enough? Yes, it's absolutely enough, especially when you make these workouts really effective for you. You don't want to just go through the motions in your workouts. This is also why we don't want to train every day because you stay in this gray zone all the time. You're constantly in an inflamed state, and you never fully recover. You can never really lose the body fat. This is why a lot of women are like, "I'm training five or six days a week, and I'm just not seeing the weight come off!" I'm like, "You're stuck." Your body can't sustain that level of activity and also go through all of its important processes internally, especially without those hormones there to support you. So this is what I'm saying: We have to use these alternate pathways that the body has to build strength.

Betty Rocker 35:35

And I actually wrote that type of training into a lot of my earlier workout programs because it's just a fantastic and balanced way to train. It's not unique to you in perimenopause or postmenopause, but it becomes essential to care about that style of training at that life stage and both of those life stages. You could start that style of training in perimenopause. It's exactly what I recommend. It's not that you need to do two different things in perimenopause and postmenopause when it comes to your training. You just want to set yourself up for success in perimenopause by stopping the overtraining and the endless cardio. Your hormones are starting to decline. This is a great opportunity for you to start to build more strength in a smart way, train more strategically and set yourself up for postmenopause. And if you didn't know this and you are in postmenopause, this is a great time to start doing this as well. It's never too late to do this. It's awesome.

Betty Rocker 36:30

I'm trying to think: What else? I told you about your weekend. Just make sure you get some yoga in over the weekend. Do a little more self-care. Maybe get on your foam roller at some point—maybe Sunday before the busy week starts again. Maybe you do another five minutes of breathing activity a couple of days. That's a week for me, basically. It's three or four days, just like I outlined for you. And I might do three days of full-body training instead of splitting up the body parts. But that's all good. That's why I write these programs—so that you have the balance from a trainer who is giving you really good splits.

And the eating component is so important too, Dr. Jill, as we know.

Dr. Jill 37:10

Yes. Let's shift to that. Before we do, two things come up that I'm hearing people ask that are, I think, relevant. One is intuition. You and I are on the exact same frequency on this in that your body, especially as a perimenopausal or postmenopausal woman knows, has innate wisdom. I'd love to hear your thoughts. Say you have this plan—Monday, Wednesday, Friday—and all of a sudden Friday comes and you're like: "I am so tired. I don't feel well today." And your mind, the judge, is like: "But you should! But you must! But you told someone you were going to do this program!" I want to talk about that line because our bodies know, right?

And I want to give women out there that permission. I've done it a million times where I'm like, "Today doesn't feel right," but then tomorrow, when I wasn't planning, I do something I wasn't planning. So intuition. Let's talk about that first of all.

Betty Rocker 38:06

That's such a great segue. This is the thing: When you're in perimenopause, you're still having a cycle, and that means you're still going to have a luteal phase and a follicular phase. Follicular phase—just in case you're listening to this and you're like, "What does that mean?" the follicular phase is from when you get your period until you ovulate. That's the first half of your cycle. Our estrogen is typically higher in that phase, which means we can push harder in our workouts. We have more energy and drive. Then, after we ovulate until we get our period again, this is the luteal phase. This is when progesterone jumps up. Progesterone does so many important things for our bodies. But one of the things that it does is elevate our basal body temperature just a bit as the body's preparing for the stimulation of the egg so we get fertilization of the egg.

Betty Rocker 38:54

That elevation in our basal body temperature is one of the reasons that we don't get as good and deep sleep in the second half of our cycle. Our inflammatory response is a little bit heightened in that second phase. This is why, in perimenopause, you feel those PMS symptoms that Dr. Jill was outlining even stronger. Especially, I would think, in the luteal phase, you're going to feel those. It's unpredictable in perimenopause. You don't always know when you're going to get your period because it starts to change. It gets erratic. You're like: "I constantly have PMS. What the heck is going on?"

Dr. Jill 39:25

Yes, exactly. "What is going on?"

Betty Rocker 39:27

Yes, exactly. It's really frustrating. So back to the main point that we're talking about here: What do you do if you feel less energy one day? Your energy levels aren't as high in the luteal phase as they are in the follicular phase, which is what I'm talking about here. And that's true in perimenopause as well. So you absolutely back off

when you don't feel like that. You don't do your body any favors by pushing yourself when you are in an inflamed state or tired. We often expect our progress to be linear. You're like: "Well, last week I lifted this much weight and did this many reps so come next week, I need to do more!" No. You've got to allow your body to tell you how hard to push it.

Betty Rocker 40:16

Say you're postmenopausal. This cycling thing with the luteal and follicular phases doesn't apply to you, but you might have a poor night's sleep. You might be going through a high-stress time. You may just need to back off for whatever reason. Maybe you went for an amazing hike yesterday and it wore you out more than you realized. You back off. Trust yourself. Listen to your body and don't force it. You're going to get a far better result by going high volume on the days you have the energy to go high volume. That's it. Your body is going to respond better and then you're going to fuel appropriately.

Dr. Jill 40:49

Thanks for sharing that, because I think it's important to give women permission. So many of us are driven or you're successful in your life or your relationships, and in this, you want to be successful. But I think part of the healing is giving yourself permission to take care of yourself first. And that's what we're both doing.

Betty Rocker 41:02

Yes, 100%. That's why I always say, "It's all or something, not all or nothing."

Dr. Jill 41:08

Love it!

Betty Rocker 41:10

We come from that mentality that "more is more," like I was talking about before. It's not. It's not. It's absolutely not. You may get rewarded for doing "more is more" in a lot of other areas of your life. Like work, you get ahead if you work harder. You get a lot of rewards, so you think that that applies even to your body. But your body needs to be respected and honored and you deserve to have self-care built in.

Dr. Jill 41:36

Yes. Yes. Yes. And thank you for sharing. If you're pushing too hard, that's where

you list in that. But on the other side, one of the symptoms of low estrogen is that the typical drive and motivation that women are used to in their perimenopausal years—and even up until their 20s, 30s, and 40s—often wanes. I've seen so many women who are driven CEOs or you name it and all of a sudden, they're like: "I feel less motivated. I feel less driven. What is wrong with me?" First of all, there's nothing wrong with you. Arthur Brooks wrote in *From Strength to Strength* [about] how we really transition to a wise woman. And we use our resources differently. But in the sense of a workout, a goal, or wanting to lose weight, what do we do when we lack motivation? Coach Betty Rucker to the rescue, right? What would you recommend for people who are struggling and are like, "I want to do this so badly, but I'm lacking motivation"? Any tips or tricks on motivational or behavioral stuff?

Betty Rucker 42:37

Yes. I don't always think it's motivation that you need. Sometimes I think it's just that you need to be kind to yourself and see if you're burned out right now. Maybe you are also in a season of your life where other things are a priority. I find that a lot of women in their late 40s or early 50s have become the caretakers of an aging parent or they're dealing with another type of really big life thing. They have to deal with stuff that is big—big life stuff. You're in a season of life where your energy is so caught up in something else. It's not that you're lacking the motivation; it's just that you're spread too thin. You don't need to make this the number one priority of your life in the same way that maybe you used to or would have. It's not always about motivation, I guess, is my point.

Betty Rucker 43:23

And then sometimes you're bored. You're bored, and that's what's giving you that lack of motivation. You need something new. You need new information. You need something to light you up and make you feel excited again. I think a lot of that comes down to education and feeling empowered to understand what's happening in your body. I would look at those types of things before I would say, "You're not motivated." I would say, maybe you're burned out. Maybe you're busy with something else in your life and you need to just take care of that first. Let that be the priority for now. Do what you can in the meantime. Walk if you can, but don't feel like you have to force yourself to do all this extra stuff.

Dr. Jill 44:01

That's a perfect answer because that's kindness and self-compassion, which is the ultimate healer.

So in our last few minutes... You mentioned protein, but people are like, "What do we do with our diet?" There are some things I think we need to think more about, especially postmenopause. What kinds of recommendations would you make for diet, frequency of meals, fasting, and some of the basics?

Betty Rucker 44:25

In a nutshell, I think gut health becomes a hugely important thing to pay attention to as we age. We're losing some of our collagen. We're not producing our collagen as easily or those epithelial cells that help protect the gut lining and help us with nutrient absorption, and the estrobolome and the ability of our body to process estrogen out [are also affected]. This is one of the causes of estrogen dominance, as we know. When we get gut dysbiosis—an overgrowth of bacteria or the gut microbiome isn't balanced because we're eating too many processed foods or sugar or we're drinking too much alcohol; there's all this myriad of reasons why our gut can get off balance—that causes this problem where our body can't process the excess estrogen out so it comes back into our body as a sort of dirty estrogen and it causes this estrogen dominance. This is more perimenopausal, where that specifically happens. But gut imbalances and that kind of stuff can disrupt you at any stage of life. I would say that our gut health becomes paramount to make as a priority to pay attention to. So get back to the basics if this is something that you think, "Uh, maybe I need to clean it up a little bit."

Betty Rucker 45:39

This was me, actually. All of my programs are gluten-free and dairy-free because I'm trying to help people reset their systems. Quite frequently, they just need a little reset. But there are other foods besides gluten and dairy that can be triggers for people, like eggs and nightshades. This is why elimination diets are a thing. Sometimes you need to go through a protocol to help clear things out for a period of time and then slowly reintroduce them back in. But it's really amazing. I got really specific again about cutting out gluten and dairy. I took out eggs. I took out a bunch of things and a lot of things cleared up for me. A lot of things were a lot easier as a result of that.

Betty Rocker 46:22

Along with the fiber that you need to support good gut health—that's a huge component of this conversation, more fiber in general if we're not paying attention to it—your protein needs do change. You don't absorb the amino acids from the protein you eat quite as readily as you age. You need a little bit more to do the same amount as before. A lot of women, I find, weren't eating enough protein to start with so this seems like a huge deal. Like, "Oh my gosh, you're asking me to eat so much protein!" I'm like: "I'm really not. I'm asking you to make it about 25 to 35% of your plate every day." That's just a reasonable amount of protein. And it doesn't just mean meat. There are so many sources of protein. I would suggest not getting processed sources as much as possible.

Betty Rocker 47:08

You need amino acids, not only for the repair of your tissue but also for your hormone and enzyme function, your immune system function, your brain function, your cognitive function, and your mood. What happens is that if your body doesn't have the amino acids, it needs to do all of those things from your last meal, for instance, it's going to break down your muscle tissue to access the stored amino acids in your muscle tissue. This is why you're losing your muscle faster. It's because you're not eating enough protein to meet your needs from a baseline perspective, and then you're training too much on top of this. So your body's just breaking down muscle all the time, and then you're stressed out. Cortisol is high. You're breaking down more. You're storing more body fat.

Betty Rocker 47:45

All of these compounding things come together for us starting in perimenopause and they get worse postmenopausal if we're not paying attention to these basics. A lot of it is: Come back to the basics. Eat a whole-food-based diet. Pay attention to what you're taking in. Eat just a little more protein and walk more. These are all things that your grandmother told you to do. You knew to do them when you were younger, but you were too busy and your body was responding to whatever you were doing because it just had a little bit more resilience. Now's the time that you've got to do this if you want to have the response in your body. And it only becomes more important for us postmenopausally.

Dr. Jill 48:25

Super helpful. This is a quickfire, but what about fasting [for] women? Yay, nay, or it depends?

Betty Rocker 48:36

We naturally fast overnight. Stop eating after dinner. Don't eat late at night. Stop snacking on the couch. Get on your walking pad and walk when you're watching a show instead of eating a bunch of snacks. I think that's a very natural fast that pretty much all of us are doing. So I'm not opposed to fasting. The only time I would say "don't fast" is around your training. Your body needs those nutrients so that you can have power and output in your workout.

Betty Rocker 49:03

We've got to stop looking at calories out and calories in. Yes, it's true that if you eat less calories than you consume, you will lose weight. But you can't equate the calories your treadmill told you you burned with the number of calories you went over your diet. It doesn't work like that in your body. So that's what I mean about the calorie thing. And I just say that the natural fasting state is good. A meal with protein in the morning is a really important thing. It can help you lower your cortisol, bringing you into a state of energy for the day and setting you up with a baseline.

Betty Rocker 49:44

A lot of women are doing all this fasted training first thing in the morning. If the only time that you can train is first thing in the morning and you aren't hungry before that, it's okay. Just have a meal afterward, and maybe consider having something like my essential amino formula that has BCA's in it while you're training. And maybe put some creatine in there and some collagen for good measure, because you can. And that's the kind of thing that I would recommend you do just to give your body a little boost of those essential amino acids that you need. And then have your meal post-workout if you have to. But you're not getting benefits from fasted training. It's actually not the best thing.

Betty Rocker 50:23

So that's all I'm trying to say, Dr. Jill. I know that you help people do fasting right. It's this huge health craze. Men get tremendous benefits from fasting that women

do not get the same benefits from. I just want to say that for the record, because that's important to know. All the marketing around fasting that you've heard is based on studies mostly done on men or sedentary people, not specifically on athletic women whose goal is to shift their body composition. Yes, you'll lose weight. If you eat less, you will lose weight, but you'll also lose a lot of your muscle. Is that what you want as a woman who's aging in a healthy way? Probably not. But if you just want to lose a lot of weight, sure, stop eating as much or whatever or Ozempic—I don't know.

Dr. Jill 51:14

Yes. For the record, I agree with you. I love that you said that. I rarely have women fast unless it's a very specific diabetic situation where we're trying to shift metabolically. Or, in some Alzheimer's patients, we do more ketogenic diets. I just want to say for the record that I agree with you. I think it's very important, especially post-workout. And I love that you mentioned amino acids and creatine. I think these are powerful ways. There are studies that show decreased sarcopenia, which is muscle loss. I've been doing it for 20 years, so I've been doing it forever. My pink drink every morning is creatine, amino acids, and Brain Mag. It's so powerful. So I love that you mentioned that.

People are, I'm sure, really interested in what you have to offer and this PerimenoFit. Tell people, where can they find you? Where can they hear more about you?

Betty Rucker 52:03

Aw, thanks, Jill.

Dr. Jill 52:04

You're welcome.

Betty Rucker 52:04

You guys can listen to my podcast, but you can just go to TheBettyRucker.com and find access to all of my programs and things that I offer. There's a lot of free content. The podcast is free as well. Dr. Jill's been a guest multiple times. She's a very popular guest. We love having her on. So if you want to hear more conversations with her and me, that's a great, great resource. I just want you to get

a feel for the kind of teaching and content that I offer so there are a lot of free resources on TheBettyRocker.com website, especially the women's health section. And there are free workouts. There are free recipes. There's all of that type of stuff for you to access. You can check out my supplement collection if you want to.

Betty Rocker 52:45

But [there is] no pressure. I've got to feel like the right coach for you. So before you invest in a program with me, I think it's a good idea to check out my free resources. Please feel free to do that and to send us a message. Me and the team would love to help you anytime if you have a specific question. But before you write us, I would read the guide. I've got extensive guides that are free for women in post-menopause, with all of my best tips laid out. You could just go through that and start to apply some of that to yourself. The same thing for perimenopause. The same thing if you're in your cycling years.

Betty Rocker 53:17

I just want women to have access to information. It's not all behind a paywall. Times are tight right now and my programs are affordable, well-priced, and very fair, and they're going to give you what you need. So feel free to use them and buy them if they look interesting to you. But I just want you to have plenty of access to the free resources as well. And that's all available on TheBettyRocker.com website.

Dr. Jill 53:40

Thank you, Bree, as always. I was just going to say that we must have good synergy because I've had you on my podcast. I think this is our third episode. And some of the most watched and viewed podcast episodes on my site as well are [those of] you and me. So this is awesome. And thank you for the work that you do and for continuing to go to that next level. [With] this new program, I'm so excited because women need it and are hungry for this information. So thank you again!

Betty Rocker 54:04

Thank you! Thanks for having me. And it's always such a treat to get to connect with your listeners and also with you. It's so nice to see you!

Dr. Jill 54:10

You too!

