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El tratamiento farmacológico de la osteoporosis presenta limitaciones y no está exento de efectos adversos, por lo que la prevención de fracturas mediada por la actividad física puede representar una alternativa a considerar.

El *Lancet Diabetes Endocrinology* ha publicado un artículo sobre la relación entre la actividad física y la salud esquelética que ha revisado estudios observacionales sobre fracturas óseas y ensayos clínicos controlados de intervenciones de actividad física en adultos >40 años. Los resultados muestran que, en general, un aumento de la actividad física –principalmente durante el tiempo de ocio o actividad física de moderada a intensa– se asocia a una disminución de riesgo de 1–40% de fractura de cadera y de todas las fracturas. Hay que considerar como limitación primaria de estos estudios que el ejercicio es más probable que lo practiquen las personas sanas y que en éstas la probabilidad de fractura es menor.

Aunque la evidencia procedente de ensayos clínicos es insuficiente, parece que algunos tipos de ejercicio previenen las caídas y la pérdida de masa ósea, existiendo metanálisis que apoyan la efectividad del ejercicio físico contra las fracturas. Se sugiere que los programas que combinan ejercicio físico de impacto con ejercicio de resistencia progresiva de alta intensidad, podrían mantener o mejorar la masa ósea y prevenir fracturas, y que la fortaleza funcional y el entrenamiento del equilibrio previene fracturas.

Debajo se reproduce un cuadro del artículo que recoge los ejercicios recomendados para mantener la salud ósea.

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Panel 1: Exercise guidelines or recommendations published in the past 5 years in partnership with one or more osteoporosis societies

Osteoporosis Canada: Too Fit To Fracture[82]

Multicomponent exercise programme, including resistance training, balance exercise, and aerobic physical activity; recommends against aerobic physical activity to the exclusion of resistance and balance training

Progressive resistance training

- 2 or more days per week; 8–12 repetitions maximum

Balance exercises

- Daily; sufficient intensity to challenge balance

Aerobic physical activity

- 150 min per week or more of moderate to vigorous physical activity that involves weight-bearing or impact activity (moderate if individuals are at high risk)

Posture awareness training

- Attention to posture, spine-sparing strategies, exercises for back extensor muscles; daily, with emphasis on endurance

UK Royal Osteoporosis Society: Strong, Steady, and Straight[83–85]

Weight-bearing or impact exercise

- For example, low jumps, skipping, hopping, jogging, stairs, marching or brisk walking, and walking
- Most days of the week, at moderate intensity for 50 min (but at low intensity and for 20 min if individual is frail, less mobile, or has vertebral or multiple other fractures)

Muscle strengthening

- Two or three times per week, involving 2–3 sets of around 8–12 repetitions maximum

Balance exercises

- Two or three times per week at a challenging intensity

Spine-caring exercises

- For example, safe movements and back extensor exercises
- Two or three times per week (might need daily for back pain), with a focus on endurance: ten repetitions held for 3–5 s

Exercise and Sports Science Australia and Osteoporosis Australia[86]

Moderate to high impact loading

- 4–7 days per week, 50 jumps per session
- For individuals at moderate risk, more than four times bodyweight; for individuals at high risk, two to three times bodyweight

Progressive resistance training

- Twice per week, at high to very high intensity

Balance training

- Four sessions per week at a challenging intensity

European Society for Clinical and Economic Aspects of Osteoporosis and Osteoarthritis, and the Committees of Scientific Advisors and National Societies of the International Osteoporosis Foundation (IOF)[87]

- Regular weight-bearing exercise should be advised, tailored to the needs and abilities of the individual patient
- This advice was a guideline for the management of osteoporosis, rather than a guideline focused on exercise; the patient resources listed are those from the IOF website, which might not be associated with the guideline

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