

Physical therapy and exercise have delivered both striking improvements and significant relapses in people with CFS. The difference between success and struggle often rests with the approach taken. Here's some basic advice from a physical therapist who's had success treating CFS.

TAKING STEPS TOWARD PHYSICAL THERAPY

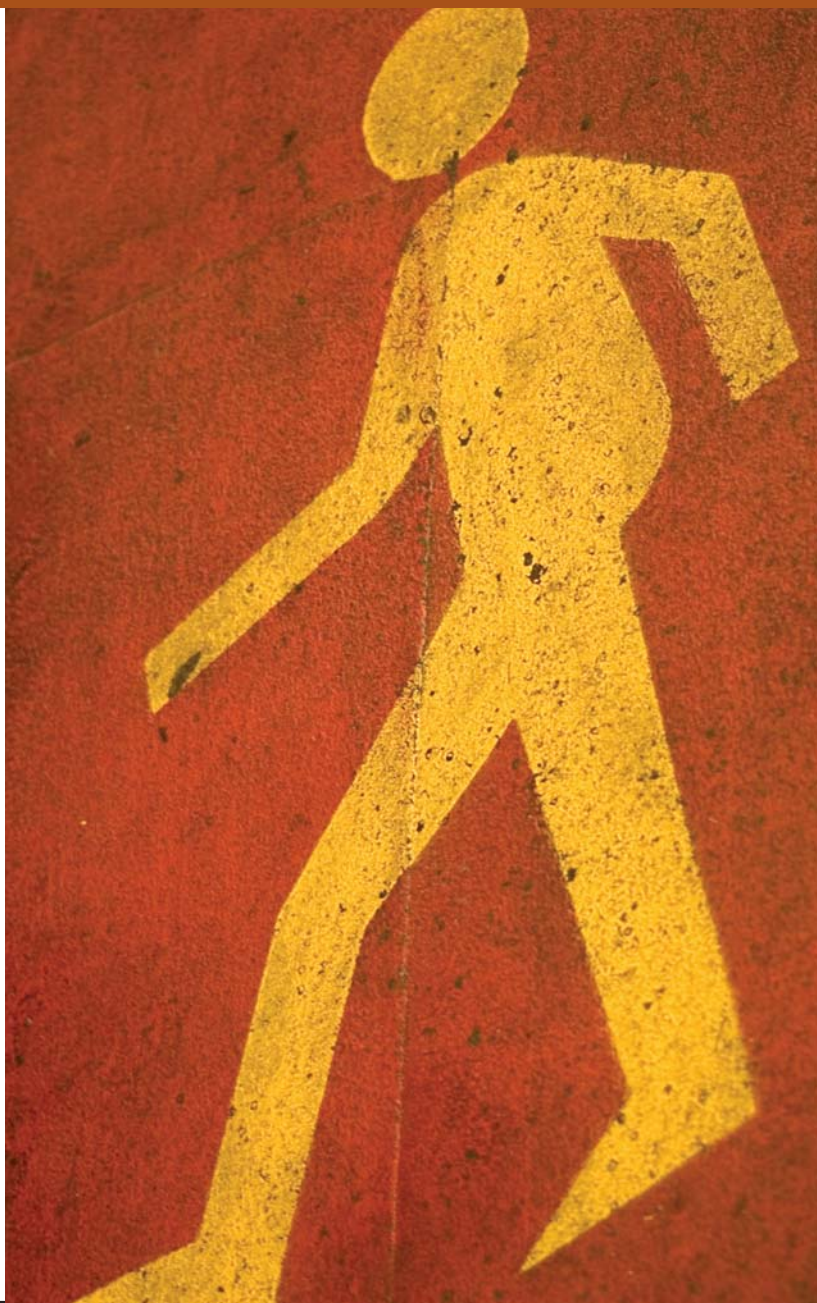
BY STEPHANIE MOORE, DPT

People with CFS experience so many daily difficulties. Activities that others would consider easy are difficult or can cause extreme fatigue or pain. If you have CFS, there's no reason that exercise or physical therapy has to add another negative element to your life.

Exercise is recommended to improve endurance in people with CFS; however, this can be intimidating because too much exertion can quickly lead to a worsening of symptoms. But the long-term effects of avoiding activity can be even more problematic, causing a downward spiral of deconditioning and progressive disability. Still, it's not surprising that many patients with CFS are leery of the physical therapy profession.

Why? Physical therapists are trained in the principles of exercise, which state that, in order for the human body to increase its performance, there must be physical exertion. The traditional principle of aerobic exercise is that if you increase your cardiovascular rate, taxing the heart and lungs, you will increase their efficiency and restore or improve physical functioning.

Some individuals respond well to this type of training—but this has not been the case for many people with CFS, where postexertional relapse is a real risk. It's no wonder that many CFS patients dread hearing the term “physical therapy.” It's possible that they've suffered some of their worst crashes at the hand of a physical therapist who pushed too hard.



However, exercise and physical therapy can be helpful when instituted appropriately. Exercise not only has the potential to improve fitness, it can prevent further disability and reduce overall symptom severity. Through hands-on experience, I've developed some guidelines for initiating a safe exercise program for individuals with CFS. They don't substitute for recommendations made by your physician or other medical professional, but they could be helpful strategies for starting you on the path to safe physical conditioning.

Starting exercise slowly

The best way to start an exercise program is slowly. I don't recommend intense forms of exercise such as aerobics or running. Walking is good—outdoors or on a treadmill with a low setting—but any form of mild exercise can be used. How you begin solely depends on your personal comfort level, and which exercises you enjoy.

In order to avoid postexertional relapse, begin with slightly less exercise than you think you can tolerate. Start with an exercise time limit that you can achieve without overexerting (time is often a better measurement than distance). This may be 5, 10 or even 15 minutes. As long as no severe symptoms are experienced immediately or in the next 24 hours, continue to increase your exercise time gradually in the weeks that follow.

Some level of fatigue is to be expected, but it should be mild to moderate, at worst. If you're struggling to maintain a certain time limit, you may need to decrease the duration of exercise until your endurance improves or your symptoms resolve. Do not push yourself. This will only cause a worsening of your symptoms.

Recording your progress is crucial to the task. I recommend keeping an activity log. This enables you to document your limits—keeping you within a safe range of activity—and to track your progress over time. Recording your exercise time is not the only means of noting improvement. Pain levels, episodes of crashes and length of recovery can also measure progress.

Be patient; results may be slow. But pushing yourself too hard can set you back even further than when you started. Also keep in mind that crashes can still happen,

particularly when first beginning exercise. Don't give up. Learn your body's needs and limitations, and your tolerance will improve. With persistence and time, you can feel great pride in your results.

On the other hand, if a walking program or other type of exercise just doesn't seem to be working for you, there may be some underlying core deficits present that are restricting your progress, and you should consult with your physician about it.

Improving core stability/posture

Core stability relates to the region bounded by the abdominal wall, the pelvis, the lower back and the diaphragm and its ability to stabilize the body during movement. Due to long-term fatigue, progressive deconditioning and muscle inactivity, your core strength can begin to weaken, causing poor posture and pain. A weakened core can create difficulty sitting upright or even standing for any length of time.

As your posture worsens, the muscles in your upper and lower back overstretch and weaken while the muscles in the front of your body begin to tighten up. Soon it can become painful to slouch, but also difficult for you to sit or stand erect. Proper flexibility and core strength are necessary for your body to operate efficiently. Core strength also supports increased activity tolerance.

Stretching the chest, neck, hips and legs can enhance muscle activation in opposing muscle groups (mainly the upper and lower back muscles). These in turn support improved upright posture for sitting and standing. Strengthening the back and abdominal muscles helps improve your overall posture and stability. Strengthening the large muscle groups in the legs and hips can improve

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your lower body stability and circulation, while increasing your tolerance for standing.

Heavy weight training isn't necessary for muscle strengthening. I often use body resistive exercise such as squatting moves, step-ups and sometimes a light resistance

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band. Crunches and Pilates may be possible but aren't always appropriate. Something as simple as sitting on a stability ball can increase spine extension and abdominal muscle recruitment.

Keep your repetitions low (between 5-10 reps) and monitor your response closely, aiming for what we call a "submaximal response." The idea is to stop before you really feel anything, thereby avoiding a postexertional relapse. You can always increase the intensity the next time, if you do well.

Stretching the neck and strengthening the abs and back can be difficult. So too can finding the appropriate exercises within your tolerance while addressing the need to build stability and endurance. You may need to acquire the services of a health care professional such as a physical therapist to develop a program that's safe and appropriate for you. This may require some upfront screening on your part.

Seeking a physical therapist

Physical therapists can be an excellent resource for creating your personal exercise program. While the profession has begun to become more knowledgeable about CFS, research about exercise for people with this illness remains somewhat limited. Unfortunately, there are some physical therapists who still practice under the older guidelines of "no pain, no gain."

My strongest advice for finding a physical therapist that will partner with you to create a good program is to be your own advocate. You know your own body and can communicate an understanding of your physical limitations.

Call local rehabilitation facilities in your area, and speak with their therapists. Ask the therapists to explain their approach to treating patients with CFS. Describe your limitations and listen for the therapist to communicate a willingness to start slowly, monitor activity response closely and work gently to increase core strength. Also, check for experience with any specific therapies you know you need. For example, in addition to exercise therapy you may require manual treatments such as myofascial release, stretching and mobilizations (as determined by a physician or a physical therapist). Not all therapists practice these techniques.

Postexertional crashes can still happen as you're trying to find your baseline tolerance to exercise, so finding a therapist you communicate and interact well with is important. As the patient, you must be able to trust that the therapist is looking out for your best interests and respecting your activity limits. The therapist, on the other hand, must be able to trust that you have a true desire to work to increase your exercise tolerance.

The process of developing a graded exercise program is often slow, sometimes with delayed results. Once a regimen is instituted, you may need to work at that level for weeks until your tolerance improves. Checking in with your therapist on a monthly, bimonthly or even yearly basis may be more appropriate than meeting two to three times a week (the typical treatment frequency for a physical therapy patient).

What to take away from this article

Exercise is a reasonable and necessary component in the management of CFS. It can relieve pain, prevent deconditioning and gradually improve function. Many patients may be able to institute their own exercise program with an activity such as walking. Others may need more guidance to find the appropriate level of activity or may need to address additional physical restrictions, such as flexibility and core strength, before being able to exercise independently.

Physical therapists can be assets to the CFS population, but a good working relationship between therapist and patient is imperative. A mutual respect and trust must be established, especially since finding the right exercise program can be a work in progress. Patients must be their own advocates, interviewing practitioners in the area to find a therapist who will best address their needs. ■

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