Restorative Movement

For many of us "*exercise*" becomes impossible when living with a condition like ME/CFS or FM. Often we became unwell at a time when we are doing a large amount of exercise and this causes the symptoms to become more painful and pronounced.

Many experience total muscle exhaustion and pain due to the genetic, physiological and biochemical abnormalities in ME/CFS/FM. This is termed Post Exertional Malaise (PEM) and is often experienced as an increase or worsening of body pain and symptoms 12, 24 or 48 hours after physical activity.

Yet total inactivity can lead to overall body deconditioning and chemical changes in our muscles resulting in lower levels of muscle carnitine (amino acid part of energy production in mitochondria), poor circulation, loss of tone, bulk in muscles and overall weakness. This can have an effect on every system of the body as muscles are key to many processes which keep us functioning.

The question is how can you keep muscles active and supple but not cause an increase in PEM and other symptoms?

The answer is **Restorative Movement**: the creation of a personalised movement program suited to your energy baseline, using gentle movement and pacing.

Steps to creating your RM programme:

Understand your energy baseline:

1) Use pacing and keep a diary to know how much energy you actually have on average each day and at what times are you most energetic.
2) You maybe bedbound but know that when you wake up you feel a little better and therefore that's a good time for you to do your RM.
3) On average we overestimate how much energy we have in our bodies and chronically overdo activity, be realistic otherwise you will experience PEM.

Choose the right RM for where you are "physically":

1) If your bedbound then rolling your ankles and wrists, moving your hips and turning your head, and deep belly breathing while in bed maybe enough – listen to YOUR body.
2) Be prepared to increase the activity very slowly.
3) Be curious about different forms of movement that maybe new to you.
4) Ideas for the more mobile include: Swimming, Yoga, Tai Chi, Qigong, walking, Deep breathing, Tapping (EFT), gentle stretching.
5) Consider how you will access these activities practically.
6) Consider the length of time you do the movement. We appear to be more able to manage short burst of activity rather than longer ones.
7) Try resting in between short rounds of RM. i.e. RM 3 mins, Rest 5, RM 3 mins, Rest 5 etc.

8) Don't rush, just try it one day and then wait a few days to see if there are any PEM symptoms, if not do it again, if so then you know that you need to do less.
9) You can't push yourself better, the activity/energy system is damaged, respect this and just be kind and gentle with your body, always listen to your body.

This is an opportunity to improve not only your muscles but your sleep, mental state, your weight, your circulation, digestion and get some fresh air or a change of scene.

RM Details:

- "Save more energy each day than you use" – the basis of pacing.
- Utilise pacing as it helps make RM more successful.
- Floor based RM can be helpful when you start and can help with OI.
- Try to set a level of RM that you can do on your worst day and then try to practice it daily, it can feel like not enough sometimes, but over the long term you can increase it.
- Choose a time of day when you have "the most" energy for your RM.
- Keeping a detailed diary is very helpful for finding your baseline and monitoring your progress and watching for PEM.
- Learning how to breath can be very helpful in many ways – stress response, muscle use, clearing lungs, better oxygen circulation, supports other systems. If fact just doing deep breathing for a period of time can be excellent RM alone.
- Some find using a heart rate monitoring device helpful as they can keep their activity within their Aerobic zone = between resting heart rate and aerobic threshold when doing RM.
- Anaerobic threshold = when your heart rate is beating faster, burning fat and beginning point of creating lactate acid in your blood.
- For our bodies with ME/CFS/FM we can find it hard to remove the lactate acid build up, which moves from our blood into muscles, then then causes the PEM Pain.
- Our hearts may develop chronotropic intolerance = when the heart rate does not match the exertion. (Hodges, 2020)
- Try to stay within your aerobic zone while doing RM, but also be aware when doing normal things i.e. showering and drying your hair etc can be very high or anaerobic times.
- To work out your aerobic threshold: 220 – your age x 0.6 = ……
  e.g. age 52 years: 220 - 52 = 168 x 0.6 = 100.8 Maximum heart rate when excising.
- To work out your resting heart rate without a HRM: wake in the morning and take your HR, get up and move a little then lie flat again and re-take it. Do this over several mornings and work out the average and that will be your average resting HR.
- Practice the "Activity-Rest" rhythm via pacing throughout the day.
- When you go into your anaerobic zone, try to do this for a short time only.
- If you are using a heart rate monitor i.e. fitbit etc… please don't obsess over it. Remember it is just a tool and you are using it, it is not controlling you.