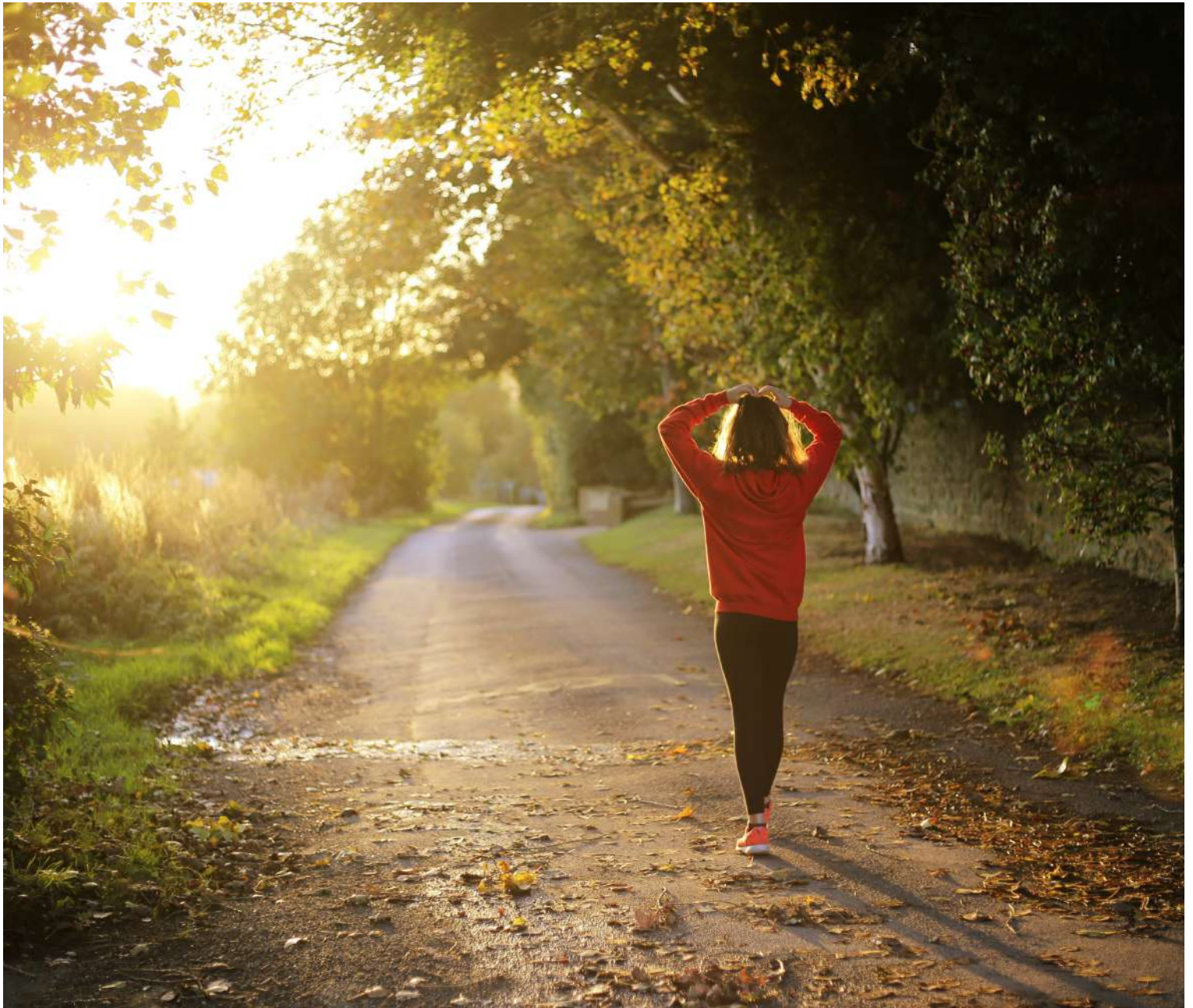


Integrating Movement when living with Chronic Illness



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Movement has many benefits, from increased muscle mass, release of endorphins, better bone health, improved stress management and sleep quality. So, it's no wonder that movement is a recommendation for most everyone, including those with an autoimmune condition.

However, if you're in that camp of "having an autoimmune disease", then you'll need to pay close attention to the type and intensity of your chosen movement.

Movement Intensity and Over-Training

When talking about intensity in relation to exercise, we are thinking about how hard we are working. For example, how fast we're running.

Low intensity exercise is excellent for recovery and healing. It is also wonderful for stress management. That includes some forms of yoga, Tai-Chi, walking, yard work and house hold chores.

Short duration, **high intensity** exercise has been shown to be great for energy, body composition and conditioning. These exercise sessions are designed for you to give full effort for short time periods, followed by short periods of rest.

High intensity movement has gotten a lot of attention in the past few years, and with good reason. It can help with lowering blood pressure, lowering blood sugar and weight loss. However, this type of activity can also lead to over-training quite quickly.

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Over-training happens when we exercise again when we are not fully recovered from our previous training session. Over-training can create a chronic stress response situation in the body and lead to negative hormonal responses.

These negative hormonal responses can be exaggerated in an autoimmune body. While one person without an autoimmune disease might be able to recover quite quickly from intense exercise or a bout of over-training, a person with an autoimmune disease might spend several days or weeks recovering. Or in the worst-case scenario, it might induce a flare.

Exercise vs. Movement

Exercise and movement are the two words that are used most often when discussing fitness and many people use them interchangeably. I however think those two things are very different, mainly because of the desired result.

Exercise is for improvement in physical fitness. It is defined as: "activity requiring physical effort, carried out specially to sustain or improve health and fitness".

Movement on the other hand, is defined as "an act of changing physical location or position" and I like to think of it as anyway you are moving your body. It doesn't have to be performance-based, like exercise. It can be taking a walk, playing with your kids or weeding the garden. Personally, I like the idea of movement, I feel it is much more inclusive.

So how exactly does movement fit into the autoimmune protocol? Is there one specific way of moving that is best? Should it be avoided altogether? All these questions exist on a broad spectrum. I find that the answers exist on an even broader spectrum.

Where do you Start?

Where exactly do you start when trying to incorporate movement into your life when you have autoimmune disease? This is where "trial and error" comes in.

First, you need to recognize where you're starting from. Movement will look very different for someone who has never done regular exercise or incorporated movement into their lives versus someone who regularly moved. And that's ok! There isn't a "one size fit's all" approach to any of this!

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How do you Start?

If you're just starting out with incorporating movement:

I recommend starting slow, listening to your body and going from there

Start out with a form of gentle movement that interests you. Gentle stretching, gentle yoga, walking, Tai Chi are great options. Try one of these for 10-15 minutes (or less), and then take the rest of the day to see how you feel.

Since so many autoimmune conditions and their symptoms can take a few days to set in, they next day should be a rest day too. If the following day you feel the same or better, proceed with the chosen movement.

Our bodies have a funny way of reacting, and it can be delayed at times. If you feel good after several days, try the same movement again. Your body will let you know when you have done too much, just like it lets you know when you've eaten something you shouldn't have. You'll feel tired, sluggish and you might have an increase in pain.

If you find that you're reacting negatively to a certain type of movement, that's ok. That doesn't mean that all movement is bad for you. That's just not the one for you right now. Take some time off, then try, try again. Eventually you'll be able to add more activities to your list of "approved" things you can do!

How do you Start?

If you're not new to the movement game:

I recommend starting slow, listening to your body and going from there.

Even if you've been at this movement thing for ages, adding in a diagnosis of an autoimmune condition can change your bodies equilibrium quite a bit. I still recommend starting out slow, listening to your body, then increasing activity from there.

That might look like scaling back your old workout routines quite a bit and starting with walking, or maybe a bike ride, or a small weight circuit.

Whichever activity you choose, I'd still recommend trying it out for a short duration of time, then seeing how your body responds for a few days. If no noticeable reaction, then try it again.

If you feel unusually sore, tired or achy, then you might need to back the activity down a bit, but with the goal of trying again, not just giving up all together.

Recommendations for Specific Autoimmune Diseases

Different autoimmune conditions have different considerations to be aware of when starting to incorporate movement into your normal routine. Let's look at some of the more common autoimmune diseases and what their specific considerations are.

Type 1 Diabetes

Type 1 Diabetes is an often forgotten about autoimmune condition, but when discussing exercise, it has important considerations. Exercise and glucose are tightly linked, and when your body doesn't produce insulin on its own, trying out exercise BEFORE you having your insulin managed, can lead to disaster.

Engaging in high intensity exercise can raise your blood glucose, and engaging in low intensity exercise can lower your blood glucose. What this means is that throughout your exercise session, you should be monitoring your blood sugar, preferably at the beginning, middle and end. What this also means is that exercise is important for Type 1 diabetics in stabilizing blood glucose.

Guidelines:

1. Start slow and monitor blood sugar during each exercise session
2. Make sure you have your insulin therapy managed before introducing exercise

Thyroid Disorders

Working out when you have Thyroid diseases can be very tricky. Hashimoto's and Grave's disease can have similar symptoms at times (muscle fatigue, general fatigue, temperature intolerance, etc) but the disease itself is obviously very different. However, the recommendations for exercise are usually similar as well.

In both instances, exercise will be about taking it slow. Intense exercise can lead to further imbalances in your hormones. The way your muscles produce and convert energy is disrupted in a Hashimoto's body. This makes it more difficult for the muscles to move during and after exercise, which leads to pain.

To get a little bit more scientific for a moment, at higher exercise intensities (above 70% of your max heart rate*), your level of T3 will begin to fall and remain low for up to 24 hours (or more) after working out. This all means that rest and recovery will be imperative for individuals with thyroid issues.

In Grave's disease, one of the biggest concerns is the heart rate. Often it is already high, even at rest. If intense exercise is introduced, this could lead to further issues and even dangerous situations.

Guidelines:

1. Keep your heart rate in the lower range, strength training and low impact exercises are perfect for this.
2. Take adequate rest and recovery periods in between exercise sessions. This probably will mean taking it slow the rest of the day after an exercise session and the day after should be a rest day.
3. Get a heart rate monitor and learn what heart rates are good for YOU.

Rheumatoid Arthritis

Rheumatoid Arthritis can bring incredible pain to any joint, which can make exercise seem impossible. However, regular exercise often helps. Studies show that exercise improves many things associated with RA (and autoimmunity in general). It can even prevent some of the breakdown of cartilage that happens in RA.

Interestingly enough, varied intensity works well. From light intensity, to yoga, to moderate to high intensity, studies show that all have worked well with the RA population. During the studies, the participants reported improved mood, better sleep and reduced depression. With specific exercises, like yoga, study participants reported improved use of effected limbs and decreased pain levels.

Guidelines:

1. Start slow and work up to a comfortable exercise volume for you.
2. Make sure to take adequate rest days.
3. Work the affected body part! Studies show improvement in functioning when using an exercise program that is tailored toward the affected joint.

IBD

When you have an Inflammatory Bowel Disease, the last thing you might want to do is some jumping jacks or run. However, some evidence suggests that it may lead to lowering of inflammatory markers, decreasing some disease activity and improving quality of life. Regular exercise also reduces the risk of colon cancer.

Guidelines:

1. Start slowly until you reach what works for you! Moderate and high intensity exercise has been shown to be effective with IBD individuals, but do what works best for you.
2. Make sure to drink plenty of water. This is true for everyone, but especially true for individuals with IBD who are at a higher risk of dehydration.

CFS/ME/FMS

Usually exercise is a positive addition to a health care regimen. But in a few instances, it can drastically increase symptoms and make life miserable if done incorrectly.

Chronic Fatigue Syndrome and Fibromyalgia are two of these cases. Early literature stated that these individuals would benefit from exercise, so many patients tried it, without success and it unfortunately pushed them backwards.

When we all workout, there is a specific acid (called Lactic Acid) that is brought to muscles to help synthesize growth and help with repair. This acid also brings the feeling of soreness. In individuals with CFS, it looks like the smallest movements will bring a lot of lactic acid and create feelings of intense soreness. So no wonder exercise is so painful!

Guidelines:

1. Obviously, start very, very slowly. Many CFS/ME individuals spend their days on the couch or in bed, which is totally understandable! If this is your situation, there are exercises you can be doing in bed just to get your body moving a little.
2. Rest, rest, rest. One study showed that CFS/ME individuals needed 2-3 times more rest than the general population.
3. Look for other forms of exercise. Bed workouts, chair dancing, gentle stretching are all wonderful ways to move your body!
4. If you find that movement increases your symptoms, then don't do it. Don't let the "no pain no gain" mumbo jumbo shame you into movement that hurts.

***How to find your Max Heart Rate**

Subtract your current age from 220, this will be your max heart rate.

Obviously, if during the course of your exercise experimentation, you find a heart rate that feels like it is too high, (even if it is not near this max heart rate), please back your exertion down.

This isn't an all inclusive list of all autoimmune diseases, obviously. But it is a good overview of things to be mindful of.

Did you notice something that was at the cornerstone of all guidelines?

Start slowly, then increase as tolerated.

If you're looking for more specific information about your circumstance, let me know!

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