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Facts about Fibromyalgia Syndrome

- It is estimated that 10 to 11 million Americans, most frequently females, manifest symptoms characteristic of Fibromyalgia Syndrome (FS).
- The median age at onset of FS is between 29 and 37, while the median age of medical presentation is between 34 and 53.
- Twenty percent of patients with rheumatoid arthritis also have FS, while both migraine and non-migraine headaches have been shown to occur in up to 58 percent of patients with FS.
- The most frequently reported symptoms of FS include: 1) aches and pains similar to flu-like exhaustion, 2) multiple tender points, 3) stiffness, 4) decreased exercise endurance, 5) fatigue, 6) muscle spasms, and 7) paresthesia (burning or tingling of the skin).
- Irritable bowel syndrome, Raynaud's phenomenon, chronic fatigue syndrome, dysmenorrhea, mitral valve prolapse, temporomandibular joint syndrome, yeast infections, anxiety and clinical depression also have been associated with symptoms of FS.

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Exercise and Fibromyalgia

By Brad A. Roy, Ph.D.

IN JULY 1996 THE U.S. SURGEON

General's office released a landmark report warning all Americans that physical inactivity is hazardous to our health. The report went on to recommend that all individuals accumulate a minimum of 30 minutes of moderate daily physical activity.

For a growing number of Americans diagnosed (and many undiagnosed) with Fibromyalgia Syndrome (FS) the recommendation may seem like an audacious task. For these individuals, just getting out of bed and moving about can be a challenging and frequently painful experience. Individuals with FS often go through the day feeling like they have the flu. Simple chores and tasks are left undone and concentration often wanes, leading to increased emotional strain and even depression.

Fibromyalgia (pronounced "fie-bro-my-al-jia") is not a disease but a collection of symptoms (referred to as a syndrome) characterized by widespread musculoskeletal aches and pains, stiffness, fatigue and muscle spasms. The exact etiology of FS has not been identified although a myriad of mechanisms have been proposed, including inability to acquire appropriate sleep, micro-circulation disturbances, hormonal changes and others.

Can Exercise Help?

Common sense might suggest that individuals with FS should not exercise and, in fact, many do limit their physical activities because of the fear of exacerbating symptoms. The reality is that individuals with FS cannot afford to not exercise.

Appropriately applied exercise interrupts the downhill spiral of muscular and cardiovascular deconditioning and resulting loss of function that many individuals with FS experience. Deconditioning makes the musculature more susceptible to micro-trauma from any given physical activity which increases symptoms. Additionally, many individuals have postural imbalances, tight muscles and poor range of motion, all of which place additional strain on the body and its ability to effectively move about.

Chronic pain syndromes and their accompanying loss of function frequently lead to depression. Physical activity has been shown to be an effective modality for improving mental outlook.

Exercising Safely with Fibromyalgia

Prior to increasing your physical activity level, it is a

good idea to discuss your plans with your physician. Additionally, an ACE-certified Clinical Exercise Specialist can assist you in developing your activity program and guide your rate of progression.

Because postural imbalances and tight, inflexible muscles are common in individuals with FS, every activity session should begin and end with mobility (flexibility and range-of-motion) activities. These exercises should be done slowly, emphasizing quality of movement, and never be taken to the point of pain.

Once you are able to comfortably perform the basic movement exercises, strength training can be added to the regime. Sessions should be two to three times a week and consist of light weights. The goal is not how much you can lift but the "quality" of the movements you take your muscles through. Using too-heavy resistance and/or doing the movements improperly will make you prone to muscular micro-trauma and potentially worsen your symptoms.

Aerobic exercise should also be part of your activity plan, but should not be high impact (such as certain aerobics classes). Warm water provides an optimal medium for beginning your exercise program. Many communities have facilities that offer warm-water exercise sessions for arthritic individuals and these classes can serve as a starting point for individuals with FS. Walking also is an excellent activity. Other types of exercise (cycling, stair-stepping and other popular machines found in fitness facilities) may increase symptoms if correct posture is not maintained. Aerobic activities should be undertaken at a moderate intensity a minimum of three times per week (daily when possible) for 20 to 40 minutes.

The key to exercise success for individuals with FS is consistency over time. During periods of flare up it is OK to back off or take a day off. Just don't let inactivity continue for long periods at a time. With appropriate mobility exercises, strength training and aerobic conditioning you can expect to see improvement in your functional status and overall outlook on life.

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If you are interested in information on other health and fitness topics, contact: American Council on Exercise, 4851 Paramount Drive, San Diego, CA 92123, 800-825-3636; or, go online at <http://www.acefitness.org> and access the complete list of ACE Fit Facts.