

I have always advocated keeping as active as possible, and using pacing to help achieve as much as you can, but in a sustainable way to avoid the typical 'boom and bust' cycle.

(not that I necessarily stick to that myself all the time, despite more than 30 years with chronic pain, I'm as guilty as the next person of over-doing things on a 'good' day and then 'reaping the rewards' a day or two later!).

It can be really difficult to gauge the amount of exercise our bodies can tolerate in arachnoiditis, because it can be rather variable and the after-effects range from increased pain, through worsened weakness, heightened autonomic symptoms to fatigue.

Some people avoid the unpredictable ups and downs of arachnoiditis by avoiding all the trigger factors they feel are implicated in increasing their symptoms, exercise being the real bugbear for most people.

However, immobility is not usually recognised as a factor although it can cause even more problems than over-exercising. These problems not only include increased pain ('immobility pain' is a recognized phenomenon) but also constipation, osteoporosis, skin ulcers, reduced cardiovascular fitness, risk of DVTs to name but a few.

'**Doing nothing**' can also interfere with the normal sleep pattern. Exercise is beneficial in improving circulation, breathing etc. and is also known to help with depression.

As the saying goes: "**It's better to wear out than rust out!**"