

In daily life, it is vital to Keep moving! : by this I do not mean specific exercises, I just mean generally making sure that you don't maintain a certain body position (such as sitting) for more than 15-20 minutes (less if you find that makes you uncomfortable); even people with a healthy back get muscle strains if they stay in one position for too long.

The movements need not be large, but just as the guardsmen at Buckingham Palace have found, even just tightening the calf muscles and then relaxing them every few minutes can help reduce leg fatigue (the blood is pumped back up to the body by the muscles in the calf: if you don't contract these muscles, it tends to pool in the lower half of your body and this can lead not only to sore legs but also bad circulation to the feet and low blood pressure).

Shifting the weight from one foot to the other can help when standing in queues (a great British pastime!), but make sure you maintain a good upright posture so that you are not putting uneven strain on your spine and the muscles around it.

As Neville Shone* wrote in his book, "Coping Successfully with Pain", "Beware rest does not turn into rust."

(* Neville Shone was a university lecturer who had a full social life and keen interest in sporting activity until a spinal disease rendered him almost immobile. This and the constant pain forced him out of work and nearly led to complete despair. His book tells of the ways in which he managed to escape the prison of pain.)

He goes on to clearly state "PROLONGED INACTIVITY PRODUCES DISABILITY";

Note that arachnoiditis is an inflammatory condition and should be approached in a similar fashion to conditions such as rheumatoid arthritis: the adage "No pain, no gain" DOES NOT apply.

However, it is vital to maintain the highest mobility possible within the confines of your individual physical condition, in order to reduce a domino effect of musculoskeletal problems and of course, osteoporosis which can result from immobility. In addition, loss of mobility can be very damaging to morale.

"Use it or lose it" is unfortunately a very true adage: lack of exercise leads to loss of muscle strength and it takes at least 10 times as long to replace as it does to lose it.

Recent studies have suggested that a moderate amount of exercise can actually help to reduce pain for a short period: 25 minutes on a cycle ergometer reduced pain perception 5 minutes post-exercise and this lasted for 30 minutes.

However, if pain increases, it must be remembered that aggravated neuropathic pain may well exacerbate any sympathetic dysfunction you have: therefore blood pressure, pulse, heat intolerance and sweating may be affected and this can last well after cessation of the exercise.

There may not be an immediate increase in pain; you may find that you have more pain later or after several exercise sessions, a flare-up may occur. It is therefore extremely difficult to gauge the level of exercise that you can tolerate.

It is best to start slow and only increase the level or frequency of exercise after 4-6 weeks of sustained exercise without adverse effects. Several short stints interspersed with rests are better than one long go.

Some of the exercise options: (most important ones starred)

(i) *Hydrotherapy: a warm pool is essential to prevent muscle spasm from cold; too hot a pool may exacerbate symptoms as arachnoiditis patients tend to suffer from heat intolerance in a similar way to MS patients.

(ii) *Swimming: well known to be an excellent way of getting some exercise; try to use a pool with warm water as if it is too cool, you may find your muscles tense up and you get little benefit.

In much the same way as other patients with back problems, arachnoiditis patients need to avoid movements that put strain on the back: butterfly, breast-stroke and backstroke may hyperextend the spine.

However, backstroke is the best stroke type for those who suffer from neck pain (you may be able to gently float and move slowly by kicking the legs, using the arms to maintain the float rather than use the full arm movements used in proper backstroke).

Sidestroke is good for strengthening the abdominal muscles and is also relatively easy on the neck(breast-stroke is particularly stressful on the neck, especially if the swimmer is attempting to keep the whole head out of the water at all times)

(iii) Isometric exercises: minimum resistance to movement (cf. Weight lifting) a careful regime may help to improve muscle strength in problem areas.

(iv) Aerobic exercising: good for cardiovascular system and may help to counteract poor circulation: but many arachnoiditis patients will not be able to manage this type of exercise.

(v) *Range of movement exercises (ROM): as recommended for sufferers of conditions such as rheumatoid arthritis: moving joints through their anatomical range (not against resistance) helps to maintain mobility.

(vi) *Pelvic floor exercises: used in rehabilitation of patients in spinal cord injuries, MS and post-partum (childbirth) urinary problems.

(vii) Pilates: this is the new "in thing" in exercise but most of the arachnoiditis

patients I have spoken to who have tried the technique have found it too strenuous.

(viii) Feldenkrais: awareness of the body through movement: it systematically refines the process by which toddlers learn to walk. It is done either in a group or as an individual. The patient can move at his/her own pace appropriate for his/her condition.

The emphasis is on awareness of the body, learning to sense changes or differences, aiming to eliminate excess effort and inefficient habits and find more comfortable and effective alternatives. Individual sessions last 30-60 minutes; the patient sits/lies on a low padded table and the practitioner moves the patient slowly: turning the head or lifting an arm or leg gently.

These may be large or small movements. Patients in studies of Feldenkrais report decrease in pain, increased ability to do daily activities, reduced anxiety and depression and less need for visits to the doctor.

(ix) T'ai chi is another modality, which will help: again, there is emphasis on the quality of slow movements. It involves flowing movements combined with relaxation and meditation techniques. Each movement is fairly easy to perform, and may help to re-establish good balance and flexibility. Some Pain management courses teach this therapy.

(x) Qigong: based on the principles of Taoism (the ancient religion/philosophy of China) this focuses on feeling and moving energy within the body through a series of gentle, sometimes virtually static, exercises. It is thought to be the precursor to T'ai chi.

It is vital to tailor the exercise regime for each individual patient. It may be extremely difficult to gauge the limits, as an increase in pain does not necessarily occur during the exercise period, but may in fact arise hours or even days after the exercise (or there may be a cumulative effect some days later: which tends to trigger a 'flare-up')

During 'flare-ups', it is advisable to reduce the exercise and revert to a minimal regime aimed at helping to decrease pain in muscles/joints.

