0711

In Good Hands

A Free Monthly Newsletter For The Friends and Patients of: Dr. Paul Milone

"Everybody gets so much information all day long that they lose their common sense"
~ Gertrude Stein

WARNING HEART PATIENTS: Should You Take These Popular Over-The-Counter Pain Medications After A Heart Attack?

Study Concludes - Heart patients who used common pain relievers called NSAIDs, even briefly, are at much higher risk of having a repeat heart attack or of dying than those who stay away from the drugs, which include such widely used over-the-counter medications as ibuprofen and naproxen

PLUS...

- **Study shows the simple formula for kids' academic success - and it is NOT spending more time in the classroom!**
- **What type of exercise is best? Scientists say it's good for your mind and body to *"feel the burn."***
- **Research: Getting the wrong amount of sleep can age your brain by up to SEVEN YEARS!**
- **A simple way to get better results from any weight loss program.**
- **And the story that shows how local heroes create heroes!**

Marblehead – Many visionary health care providers warned about it. Most laughed it off. Now, the research is really piling up and the evidence is getting too strong to ignore.

Back in July 1998, The American Journal of Medicine reported, *"Conservative calculations estimate that approximately 107,000 patients are hospitalized annually for nonsteroidal anti-inflammatory drug (NSAID)-related gastrointestinal (GI) complications and at least 16,500 NSAID-related deaths occur each year among arthritis patients alone. The figures of all NSAID users would be overwhelming, yet the scope of this problem is generally under-appreciated."*

From the prestigious New England Journal of Medicine: *"If deaths from gastrointestinal toxic effects from NSAIDs were tabulated separately in the National Vital Statistics reports, these effects would constitute the 15th most common cause of death in the United States. Yet these toxic effects remain mainly a 'silent epidemic,' with many physicians and most patients unaware of the magnitude of the problem.*

"Furthermore, the mortality statistics do not include deaths ascribed to the use of over-the-counter NSAIDS."

A New Study Warns Heart Patients About NSAIDs

According to the Elsevier Global Medical News, "For patients with a history of myocardial infarction, any length of treatment with nonsteroidal anti-inflammatory drugs poses an unacceptably high risk for death or recurrent heart attacks, based on findings from a Danish study using hospital and pharmacy registry data and published online May 9 in

Circulation.

"The risk elevation began during the first week of therapy and continued throughout the course of treatment, with some differences in the magnitude of risk between NSAIDs."

The authors stressed the results of the study are not in line with the American Heart Association recommendations regarding NSAID treatment in patients with established cardiovascular disease "because we demonstrate that even short-term NSAID treatment is associated with increased cardiovascular risk in patients with prior MI,"

The article also stated, "Despite some limitations of the study, namely the observational design and the possible effects of information bias, and the need for randomized clinical studies... The accumulating evidence suggests that we must limit NSAID use to the absolute minimum in patients with established cardiovascular disease."

You Are Probably Taking NSAIDs And Do Not Even Know It

Estimates say that over 30 billion over the counter tablets and 70 million prescriptions are sold annually in the United States alone.

NSAIDs include Aspirin, Ibuprofen, Advil, and Motrin as well as prescription products like Celebrex, Daypro and more.

Is There A Better Pain Solution?

One of the principles of medicine is, "first do no harm." In other words, make sure the treatment is not worse than the original problem.

That's why, if at all possible, conservative natural options should always be looked into before more invasive and chemical treatments are used.

Chiropractic care has been helping patients relieve pain naturally, without the deadly side effects of NSAIDs since 1895.

As research and proof piles up - and so do the deaths - Chiropractic care becomes the intelligent, obvious choice.

Simple Formula For Kids' Academic Success

Poor academic achievement has caused school systems to add more classroom time, in many cases, at the expense of physical education.

However, new research shows this may be hurting students' performances.

A physical activity program that incorporated academic skills was instituted at a public school in Charleston, South Carolina. Students in grades 1-6 were scheduled for daily physical education. State standardized reading test scores were collected for both the academic year of program initiation and the following year.

The results showed statistically significant higher test scores for those students in the group with the physical activity program versus those without it at other schools in the same district.

What Type of Exercise Is BEST?

What type of exercise is best? Well, that all depends on what results you are looking for.

For example, researchers studied 11 people who were asked to take part in two 20-minute long workouts; one moderately intensive and one highly intensive.

The participants' moods were recorded before, during, and after the workouts.

Results: They found no mood improvements after moderate exercise. However, participants in the group that did strenuous exercise claimed to feel more positive 20 minutes after the workout.

The strenuous workout got them breathing heavily and their muscles burning.

Nickolas Smith of Manchester Metropolitan University's Department of Exercise and Sport Science, said: *"These results have implications for the recommended intensity of exercise required to produce the 'feel good factor' often experienced following exercise.*

"There are also implications regarding how people new to regular exercise should expect to feel during the exercise itself if they are to experience post-exercise mood benefits."

Psychiatrists believe vigorous exercise triggers the release of endorphins. Endorphins are a type of neurotransmitter that helps fight pain. This is also believed to be an explanation for "runner's high."

And don't forget, if you ever have any questions or concerns about your health talk to us. Contact us with your questions. We're here to help and don't enjoy anything more than participating in your lifelong good health.

Inspirational Story Of The Month
(Names And Details Have Been Changed To Protect Privacy)

Local Hero Creates Another Hero

20 Years Later, One Man's Heroic Deed Inspires Another

There is an old story about researchers, kids and marshmallows.

In the story, researchers take a bunch of little kids and bring them into a room with one researcher and one marshmallow.

The marshmallow is placed in the middle of the table. Just as things get started, the researcher gets a call. He then tells the child that he has to leave the room for just a little bit. Then, he gives the kids two options...

The first is they can eat the marshmallow right now. IF they do, that's all they will get. Or, they can wait until the researcher comes back. If they wait, they will get a whole bag. The researcher walks out of the room and leaves the child and the marshmallow on the table.

Results?

Most of the kids immediately ate the marshmallow. A small percentage waited until the researcher came back and got a whole bag. Some of the kids who ate the marshmallow still wanted a whole bag and complained. But, that's not the important part. The important part is what happened many years later.

The researchers supposedly interviewed these kids when they were all grown up, and the results were quite telling. Basically, the kids in the group who ate the marshmallows right away were relatively unsuccessful both in their careers and financially, and they had many broken personal relationships. On the contrary, the adults from the group who did not eat the marshmallow had great careers, made more money, and had lasting personal relationships. It is theorized these results were due to a person's ability to delay gratification. In other words, the kids who had will power and were able to put off a small reward now for a larger one later were able to achieve much greater successes in all aspects of their lives.

That makes complete sense. Sometimes these "gratifications" take a long time to materialize, which brings us to our hero story...

Kurt Beach is a police lieutenant who contracted Hepatitis C while trying to save the life of a baby 20 years ago.

A woman by the name of Teresa Janik heard his story and was emotionally moved. When she heard Lt. Beach needed a liver transplant, she came in and offered to be a donor. Tests showed she was not a match for Lt. Beach, but she was a match for a 12-year old girl who also needed a liver transplant. Teresa became a donor and gave part of her liver to the12 year old girl she never even met.

"You're giving a part of your body to a stranger?" News Channel 3 asked. "Yeah," Teresa said. "She could be my family member." Teresa has lost one sister to breast cancer and another is fighting the disease right now. She says for years she's watched strangers give platelets, blood, anything they could to possibly save lives. So, she couldn't help but to try to save the little girl when the opportunity arose. Teresa said, "This will cure her. If the liver takes and it grows within her, she will no longer have a liver problem." The Good Samaritan who set out to save Lt. Beach's life says she can't wait for her hero to hear how his story inspired her. "I'm very excited for him to find out that his story has made this happen," Teresa said. "I would have never sought out liver donation, didn't know anything about it, and if I could donate two parts of [my liver], I would donate the other part to him."

When Lt. Beach heard about what Teresa was doing he broke down in tears. He had waited 20 years for that "gratification."

We love helping our patients and their friends and relatives through their tough times and getting them feeling better! We are here to help you stay feeling better and looking younger! Don't be a stranger. :)

Did You Know?

Powerful memory requires a healthy brain and the right nutrition. The brain uses tremendous amounts of energy and is the most metabolically active organ in the body-- it never completely rests. As a result, it has one of the highest rates of free radical production. These free radicals begin to destroy the structure of the brain, its connections and the cells. Unless you replace those damaged parts with nutrients, brain function starts to fall off more and more over time. For example, Omega-3 fatty acids are replaced extremely rapidly. If you are deficient in this nutrient, your brain begins to change its structure very quickly and soon (only 2 weeks) loses its ability to properly function because one of its vital components is missing. Americans consume an average of 129 pounds of sugar a year; 57% of it comes from processed foods. For example, teenagers drink an equivalent of 54 teaspoons of sugar a day just from soda. Sugar consumption dramatically increases free radical generation in the brain. It produces cross-linking of the proteins in all cells which dramatically increases the damaging effect of these free radicals, making every cell in your body age much, much faster -- particularly brain cells. In some extreme cases, it can even result in permanent brain damage. Lack of Vitamin B-1 in the diet causes memory failure and depression. Consumption of a lot of carbohydrates depletes Vitamin B-1. Vitamins C, D, E, K, A, B and carotenoids are all associated with brain function. Animal fat impairs the ability to learn and remember, but healthy fats, such as Omega-3, improve depression, memory retention and thinking. This is because the brain uses an enormous amount of fatty acids for its membranes. Aspartame, MSG, pesticides, and herbicides in food; aluminum in deodorants; fluoride in the water; and mercury in vaccines may play a major role in brain toxicity and brain function decline. Excessive toxicity destroys brain cells.

Tip Of The Month - A Simple Way To Get Better Results From Any Weight Loss Program.

Everyone wants to know the answer to this question: What's the best way to lose weight? The problem with that age-old question is - there is no ONE correct answer because everyone's body make-up, chemistry and genes are different. In other words, we all react differently to different types of food. We also react differently to different types of exercise. That's why losing weight and keeping it off can be so difficult. It has also opened up the door for marketers to sell all kinds of junk that promises to get you skinny... just about overnight.

Here's the real truth about weight loss-and it's something many people simply do not want to hear… To successfully lose weight, you must meticulously figure out what types of foods and exercise work with your body chemistry and type. Then, you must make a plan incorporating those foods and exercises... then... **YOU MUST STICK TO THAT PLAN FOR THE REST OF YOUR LIFE.** There is no "quick fix" pill or wonder diets or miracle piece of workout equipment that will work.

That's A Hard Pill For Most To Swallow

But, there is a way to get better results for ANY eating or exercise program you do. Here is how: Researchers at Kaiser Permanente Center for Health Research instructed obese adults who participated in the study to follow a healthy diet, exercise regularly, and maintain a weight loss journal. While some were asked to maintain their weight loss journals six days a week, others updated it only once a week. The author of the study said those who maintained their journal regularly lost more weight compared to those who updated it only once a week. It is believed several reasons attributed to the success of the "journal" group. Two very important reasons are: accountability and the ability to really analyze what you are eating and doing physically. People are often surprised when they see in writing what they are doing. Perception is often very different from reality. So, if you want to increase the effect of any weight loss program you! are on, try keeping a journal. But first, accept the fact that losing weight and staying in shape takes effort and time, and the results are a better looking and healthier you. Nothing is more important.

Remember, we're always here to help your body heal and maintain the health you deserve.

Health Update: Low Back Pain

Low Back Pain: Why Is It So Common?

This question has plagued all of us, including researchers for a long time! Could it be because we're all inherently lazy and don't exercise enough? Or maybe it's because we have a job that's too demanding on our back? To properly address this question, here are some interesting facts:

1. The prevalence of low back pain (LBP) is common, as 70-85% of ALL PEOPLE have back pain that requires treatment of some sort at some time in life.
2. On a yearly basis, the annual prevalence of back pain averages 30% and once you have back pain, the likelihood of recurrence is high.
3. Back pain is the most common cause of activity limitation in people less than 45 years of age.
4. Back pain is the 2nd most frequent reason for physician visits, the 5th ranking reason for hospital admissions, and is the 3rd most common cause for surgical procedures.
5. About 2% of the US workforce receives compensation for back injuries annually.
6. Similar statistics exist for other countries, including the UK and Sweden.

So, what are the common links as to why back pain is so common? One reason has to do with the biomechanics of the biped - that is, the two legged animal. When compared to the 4-legged species, the vertically loaded spine carries more weight in the low back, shows disk and joint deterioration and/or arthritis much sooner, and we overload the back more frequently because, well, we can! We have 2 free arms to lift and carry items that often weigh way too much for our back to be able to safely handle. We also lift and carry using poor technique. Another reason is anatomical as the blood supply to our disks is poor at best, and becomes virtually non-existent after age 30. That makes healing of disk tears or cracks nearly impossible. Risk factors for increased back injury include heavy manual lifting requirements, poor or low control of the work environment, and prior incidence of low back pain. Other risk factors include psy! chosocial issues such as fear of injury, beliefs that pain means one should not work, beliefs that treatment or time will not help resolve a back episode, the inability to control the condition, high anxiety and/or depression levels, and more. Because there are so many reasons back problems exist, since the early 1990's, it has been strongly encouraged that we as health care providers utilize a "biopsychosocial model" of managing those suffering with low back pain, which requires not only treatment but proper patient education putting to rest unnecessary fears about back pain.

We realize you have a choice in who you choose to provide your healthcare services. If you, a friend or family member requires care for low back pain, we sincerely appreciate the trust and confidence shown by choosing our services and look forward in serving you and your family presently and, in the future.If you, a friend or family member requires care for low back pain, call 781-639-0808.

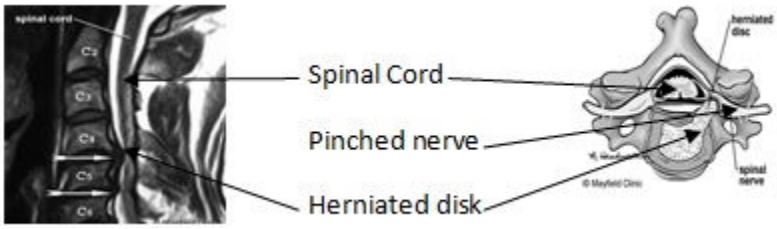
YOU MAY BE A CANDIDATE FOR CHIROPRACTIC CARE FOR LOW BACK PAIN!
FOR A FREE NO-OBLIGATION CONSULTATION CALL 781-639-0808

<u>Health Update</u>: Neck Pain

Neck Pain and the Disk

When we say to you, "...you have a cervical disk problem," do you know what that means? I didn't think so. As doctors, we talk about these things so often, we sometimes just assume you know what we're talking about. So first, sorry about that! Now, let's clear up the question, what is a cervical disk problem?

The term "cervical" means neck, just like the terms "thoracic" means mid-back and "lumbar" means low back. The term "disk" refers to the shock absorbing fibro-elastic cartilage that rests between each vertebra of the spine. Think of the disk as being similar to a jelly donut. The center of the disk is liquid-like (the nucleus), kind of like petroleum jelly, and the outer part (the annulus) is tough and strong and circles the nucleus center like the rings of an freshly cut oak tree stump. What makes the annulus/outer layer so strong is the type of tissue it's made up of and, maybe most important, the opposing criss-cross pattern of each layer or ring of the annulus. Studies have shown that when the disk is pierced with a knife and then compressed, this criss-cross pattern of the annulus layers self-seals the cut, resulting in no leakage of the liquid center.



So, the question is, how can a disk rupture, herniate or "slip" if it's so tough, strong, and self-sealing? The answer: as the disk ages or when it's injured, tears or "fissures" in the disk fibers occur creating rents or channels for the liquid part to work its way out towards the edge and eventually break through the outer most layer - hence, the term "herniated disk." It's similar to stepping on that jelly donut until the jelly leaks out to the point where you can see it.

Here's the strange part. Research tells us that about 50% of people have bulging disks (not quite herniated through) and 20% of us have herniated disks (that have popped through) but have NO PAIN AT ALL! That makes it tough since an MRI or CT scan may show a herniated or bulging disk but how do we know that's the disk that's clinically important - the one that's creating the pain? That's why we treat patients and not their image (MRI, CT scan or x-ray). Even though a disk may be bulging or herniated, we may not necessarily treat that particular disk if it's not expressing itself clinically by creating a shooting pain down a specific area in a arm, usually below the elbow often into either the thumb or pinky side of the hand, with associated abnormal tests for strength and/or sensation. That's why we check your reflexes, your strength, and sensation for each nerve. We're checking to see if that herniated disk is "pinchin! g" the nerve and if it is, we utilize manipulation, traction, PT modalities, and issue home traction units to try to "un-pinch" that nerve to avoid surgery.

We realize you have a choice in where you choose your healthcare services. If you, a friend or family member requires care for neck pain, we sincerely appreciate the trust and confidence shown by choosing our services and look forward in serving you and your family presently and, in the future.

<u>YOU MAY BE A CANDIDATE FOR CHIROPRACTIC CARE FOR NECK PAIN!</u>
<u>FOR A FREE NO-OBLIGATION CONSULTATION CALL 781-639-0808</u>

Health Update: Whiplash

Whiplash: Who Will Recover?

Whiplash, or Whiplash Associated Disorders (WAD), involves a cluster of symptoms and findings that include biomechanical or tissue injury findings, as well as psychological factors that accompany pain and disability. To answer the presenting question, who will recover from whiplash, a task force was set up to investigate this and research over a 10 year time frame was reviewed. They found the initial level of pain after the injury and the associated psychological factors are the two best predictors of whiplash recovery.

WAD results from a neck injury caused by a sudden back and forth movement of the head that often occurs during a car crash. The injury occurs because of the fact that the sudden movement happens in a shorter time frame than our ability to voluntarily contract our own neck muscles. Hence, even if we brace ourselves before the impact, we cannot avoid the sudden "crack the whip" phenomenon that occurs during a crash. It's even worse is if the head is turned at the time of impact! Although most WAD sufferers recover within a few months, many report ongoing pain a year or more later. With about 2 million insurance claims registered per year in the US, the focus is shifting from what causes pain to what recovery predictors exist with the focus on managing those that are manageable.

One of the two predictors reported was the level of pain reported by the patient 3 weeks after a motor vehicle collision (MVC). In a group of over 3000 patients with WAD, this was reported to be, "...the single most important predictor of who recovers in a timely manner." On a 10-point pain scale (10 being the most intense pain), patients with a score under 5 recovered more quickly.

The second of the two strong predictors was the patient's belief or expectation of recovery. Again, at the 3 week mark following the crash, over 1000 WAD injured patients were asked how likely they felt they would recover fully and at 6 months, the disability level was compared to those expectations gathered at the 3 week point. They found a 4x greater chance of being placed in a "more disabled" group if at the 3 week point, the patient reported a poor outcome expectation for recovery. Those who were reportedly prone to "catastrophic thinking" also fared poorly. These are the patients who can't stop focusing on pain - they believe the crash was, "...the worse thing that has ever happened to them."

They also found patients wearing a neck collar to protect and immobilize the neck following a MVC were no better off compared to those not wearing a collar. In fact, in one group of patients, those who wore the collar were absent longer from work and utilized more pain killing medications compared to those who did not wear it.

We realize you have a choice in where you go for your health care needs and we truly appreciate your consideration in allowing us to help you through that potentially difficult process.

YOU MAY BE A CANDIDATE FOR CHIROPRACTIC CARE FOR WHIPLASH!
FOR A FREE NO-OBLIGATION CONSULTATION CALL 781-639-0808

Health Update: Carpal Tunnel

Carpal Tunnel Syndrome: Treatment Recommendations

Carpal tunnel syndrome or, CTS, is one of the most common causes of pain, loss of work, and work related disability in the United States. It affects approximately 50 per 1000 persons in the general population and the average lifetime cost of CTS (including medical bills and lost work time) is estimated to be about $30,000 per each injured worker. In 2003, there were more than 3.8 million visits made to health care providers for CTS.

The diagnosis of CTS is based on the patient's complaints, the examination findings, and special testing such as electro-diagnostic tests (like Electromyography or EMG). The success or failure of treating CTS rests on the accuracy of the diagnosis. Often, patients with CTS will present after surgery complaining of the same symptoms they had prior to surgery, such as numbness and pain in the index, 3rd and 4th fingers, weak grip, sleep interruptions and so on, only to find that the median nerve is pinched higher up than the wrist, such as in the neck or elbow.

Treatment failure, as well as an increased likelihood of developing CTS, may also result from the presence of other "risk factors." These include (but are not limited to) advancing age (>50 years old), females > males, and the presence of diabetes and/or obesity, which often coincide. Other risk factors include pregnancy (due to hormonal shifts and fluid retention), certain occupations (highly repetitive), strong family history of CTS, specific medical conditions like hypothyroidism, autoimmune and rheumatologic diseases, certain types of arthritis, kidney disease, trauma, anatomic predisposition of the wrist and hand (shape and size), infectious diseases, and substance abuse. The difficult thing in treating CTS is when multiple factors exist - like a female over 50 with a highly repetitive job and who is also obese. Obviously, the "best" treatment here would include weight management, and possibly work station mo! difications, in addition to the in-office treatment approaches. Patient compliance or, following the doctor's recommendations is VERY important such as wearing the wrist splint at night, doing the carpal tunnel stretch exercises, weight management / dietary recommendations, and so on. Therefore, successful treatment for CTS relies on a balance between the patient and provider communicating about ALL the treatment options - surgical and non-surgical so the patient can make an informed decision. Since each patient is unique, the treatment approach must be tailored to that individual and may require, as previously stated, a number of treatment strategies aimed at patient specific issues.

Chiropractic is in a unique position for managing the CTS patient. This is because we look at the whole person, not just the wrist and, we offer the LEAST INVASIVE approach. Many times, there are issues in the neck, shoulder, elbow and forearm in addition to the wrist/hand that MUST BE carefully assessed in order to obtain a successful, satisfying result for the patient. We also consider the many "risk factors" described above and can assess or coordinate services with other health care providers so the many conditions described previously can be properly evaluated. So, the question remains, what do chiropractors do when treating a patient with CTS? Treatment often includes "the usual" such as wrist splinting during sleep, work modifications, and anti-inflammatory approaches (ice cupping, herbal, etc.). Unique to chiropractic are manipulation or adjustments (often to the neck, shoulder, elbow, forearm, wrist and h! and), muscle tendon release techniques (possibly using tools to breakup adhesions, scar tissue, and the like), exercise training for the involved areas including the hand/wrist, as well as dietary strategies for weight management, metabolic syndrome (pre-diabetes) and so on.

We realize you have a choice in who you are consider for your health care provision and we sincerely appreciate your trust in choosing our service for those needs. If you, a friend or family member require care for CTS, we would be honored to render our services.

YOU MAY BE A CANDIDATE FOR CHIROPRACTIC CARE FOR CARPAL TUNNEL SYNDROME! FOR A FREE NO-OBLIGATION CONSULTATION CALL 781-639-0808

Health Update: Fibromyalgia

Fibromyalgia and Exercise

It is common knowledge that we all benefit from exercise. But, it is especially important for people with fibromyalgia (FM) to exercise as it reduces fatigue, increases energy, improves joint flexibility, and improves sleep quality and mood. In essence, exercise allows FM sufferers to live a more enjoyable and fulfilling life!

With that said, it is important to realize that not all exercises are right for every individual person. Therefore, when introducing new activities and exercises into your routine, do NOT do too many new or different exercises all at the same time as you will not be able to recognize those that may not be right for you. Rather, pick one or maybe two new exercises at the most and incorporate them into your routine so that you can "prove" that they "work for you." Then, if you get worse, you'll be able to confidently identify the exercise that may not be right for you.

The focus of deciding which exercises are "right for you" is usually based on the presence or absence of pain and hence, we should discuss pain. There are "good" and "bad" forms of pain. A "good" pain does NOT feel harmful - that is, knife-like or lancinating or, severe intense pain. Rather, it should feel, "...like a good stretch," or, a pain that, "...hurts good." In fact, sore muscles after exercising prove that you've accomplished something positive. It's usually noticed the day or two after a new exercise or activity is started and then subsides gradually. It will actually "go away" quicker if you perform the same activity or exercise within a few days after the initial session and after the 2nd or 3rd time, it will usually not give you that "post-exercise soreness" type of pain and you can gradually increase the exercise after that point.

Here are some specific recommendations for implementing exercise safely and successfully. Because FM seems to exaggerate pain, make sure to:

1. **Start out slow:** Begin with only a few repetitions, move only so far (stay within "reasonable" pain boundaries), and do only 1 or 2 sets, maybe 5 minutes max of a particular maneuver. Remember, if you do too much and really hurt a lot afterwards, you may become afraid to exercise again and that's the WORST thing that could happen!
2. **Self-Massage, hot or cold:** Consider light self-applied massage with or without moist heat (but no more than 20 minutes / hour - don't "swell it up" by leaving heat on for longer than 30 minutes. If pain is more intense (>5/10 on a 0-10 scale, for example), use ice after exercising, usually for 15-20 minutes (on 15/off 15/on 15/off 15/on 15 = 1.25 hours), so it can act like a pump to remove swelling more efficiently. Talk to us about heat or cool rubs or gels.
3. **Personalize:** Because you're unique, personalize your program so it becomes "yours." Remember, you are not like the next person and you must design a program that "works" for you. Pick things you like to do so you look forwards to doing it - bike riding, brisk walking, swimming, canoeing, hiking off road, weight lifting (emphasizing low weight/high reps), and so on - PICK SOME ACTIVITIES THAT YOU LIKE TO DO!
4. **Aerobic exercises:** Consider starting with an aerobic (heart pumping) type of exercise. Many studies have reported that aerobics offer greater benefits compared to stretching, for the FM patient. Start with a low impact cardiovascular exercise like walking. Even sitting on a gym ball and gently bouncing for 5 minutes gets the heart pumping quite nicely and, it's fun! Swimming and bicycling are good, non-pounding types of exercises as well.

If you, a friend or family member requires care for FM, we sincerely appreciate the trust and confidence shown by choosing our services!

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