

# Exercise and Weight Loss for the Polio Survivor

Dr. William M. DeMayo, MD.

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Question: “My PCP recommends I go for pulmonary rehab 2X each week to help with my fatigue & weight problem. I am concerned that these hour + sessions may do more damage to my leg muscles..... I believe it would be better to have a home exercise plan developed for me by a PPS expert, that I can spread over the day.” So which is best an organized rehabilitation program at a therapy clinic or a home exercise program?

The Answer ?: Both!

There is no question that some therapists or physicians may initiate a program in the therapy clinic that is too intense and therefore counter productive. It is also true That many individuals do not continuously challenge themselves and stick to a home exercise program. The best approach is to not over exercise or under exercise. We all benefit from exercise at a level just below our capacity or “limit”. From this perspective a polio survivor is no different than an athlete training for a marathon.



The problem comes in recognizing one’s limit and communicating it with healthcare providers. Polio survivors, as a general rule, have a lifelong history of “overachieving” and don’t like to “complain” by reporting what they think are minor symptoms. When setting therapy goals, it is important work as a team and look at practical short-term goals by looking at current exercise capacity. Whether it be walking, lifting weights, or using a piece of exercise equipment we all have a point beyond which we will later “pay for it.” This is the place we want to avoid. By the same token, little is achieved with any exercise without challenging oneself and the expression “No Pain No Gain” has some truth to it. I often ask patients to be careful to distinguish “good pain” from “bad pain”. “Good pain” is the discomfort we feel at the time we are exerting ourselves or stretching. “Bad pain” is pain experienced after the activity (“paying for it”) and indicates injury. Sometimes “bad pain” is subtle and so is important to really pay attention to our bodies while taking breaks and after exercise. In fact, the concept of “bad pain” may not involve “pain” at all, but rather over fatigue. If an individual has difficulty performing routine tasks the afternoon or evening after a morning therapy session, then this needs to be clearly reported to the therapist and the program modified to avoid repeating the event. This should be looked at as “micro trauma” and one’s program should be modified just the same as a marathoner would modify his schedule if he tore a hamstring muscle.

Is interesting that you mentioned you are referred to a pulmonary rehab program. In general (but certainly not always), these programs are more attuned to watching for overexertion than more sports medicine oriented therapy programs. My advice would be to have a discussion with the professionals involved to find out more about how they run the program. At the same time, your point about a regular home exercise program is an excellent one. Far too often therapist focus on what is happening in the gym and not looking at lifestyle habits that can have a much more lasting effect. In my opinion any polio survivor receiving formal therapy should also have a formal home exercise program monitored by the therapist. I’m an advocate of home exercise logs that can be reviewed by a therapist or physician and updated to increase or decrease intensity as progress or symptoms arise.

Lastly, I see that you mentioned the goal of losing weight. In my experience, fad diets and exercise programs often lose track of the fact that we only lose weight when we consume less calories than we burn. So burning calories (exercise) is only part of the equation. Perhaps this will be a topic for another article but combining a home exercise log with a nutrition log is an excellent place to start. Practical/specific weight loss goals and a specific timeline combined with an exercise and nutrition log will maximize the chance of long-term success.

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