

## Exercise for the ALS Patient

By John Roberts

Studies are starting to emerge indicating that light resistive exercise may be of benefit to people with ALS, especially in the early stages. The type of exercises for the ALS patient is limited, and is largely determined by the amount of mobility available.

If the arms are usable, one may consider light weight training on weight machines. The use of free weights is not advisable because of the risk of injury should loss of control occur. A hand cycle would be an excellent choice. Swimming or water aerobics are good full body programs that carry virtually no risk of injury. If the legs are functional, one may consider walking or cycling on a stationary bike. Walking carries the risk of falling, so unless the legs are very stable with no drop foot tendency, cycling is the safest avenue to good muscle tone and cardiovascular health for the ALS patient.

In my particular case, stationary cycling is the only option available to me, and will be the main subject of this article. The first question is that of bicycle type. Recumbent designs are the only viable option for ALS patients, and within the recumbent family, an open step through design with a high seat is advisable. The step through design allows you to mount the bike without having to raise your leg more than a couple of inches. The high seat allows many people to seat themselves as well as exit without assistance. Recumbent stationary bikes with a low seat encourage the ALS patient to drop into the seat, and require substantial assistance from a caregiver to lift them out of the seat to a standing position. The Iron Man cycle that I chose for my program satisfies each of the points previously listed.

Once you have your cycle, where do you begin? Common sense says to start slow and listen to what your body is telling you. I started at level one and stayed there for three weeks. Week one was 30 minutes, week two was 45 minutes, and week 3 was 60 minutes. During this time, I monitored my heart rate and respiration for any signs of distress. After completing three weeks with no complications, I started riding a hill course up to level four covering 7.5 miles in under 45 minutes.

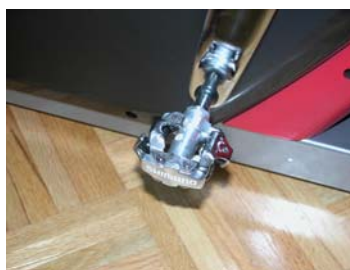
After the exercise session is over, care must be used when transitioning to a standing position. You will likely experience "jelly legs" and be unable to walk safely without assistance for a short time. After my daily ride, I spend five minutes resting on the bike while Christine rolls an office chair next to the cycle. I transfer off of the cycle right into the office chair, minimizing the risk of a fall.

One modification that I recommend is the addition of SPD pedals and compatible cycling shoes. The pedals that come with stationary bikes do not offer sufficient foot and ankle support. Using the SPD pedals, your feet are mechanically connected to the pedals, preventing ankle alignment errors resulting in feet rolling outward.

John Roberts on his cycle



SPD Pedal



Cycling Shoes

