Information for physiotherapists

How to work safely with people who have ME/CFS

Myalgic Encephalomyelitis (ME) / Chronic Fatigue Syndrome (CFS)

Multi-system disease causing substantial impairment to function
Systems impacted can be neurological, musculoskeletal, cardiovascular, endocrine, gastrointestinal and immune

Key characteristic of ME/CFS: Post Exertional Malaise (PEM)

Additional symptoms and/or exacerbation of current symptoms in response to exertional triggers
(physical, cognitive, sensory and/or emotional)

A physio may see someone with ME/CFS in any setting
Any physiotherapy intervention may cause PEM

Ask	your patient about their PEM [known triggers / symptoms / current abilities]
Adapt	your session/treatment to avoid causing PEM
Monitor	the impact of your input for PEM [onset often delayed, average 1-2 days]

Consider these adaptations to your practice

Environment	In clinic, ask if need adjustments to lighting, sound or scent Offer home visit if possible
Patient position	Elevate feet / lying (in waiting room & during session)
Time	Shorter assessment, offer rest breaks before/during/after
Communication	Reduce cognitive load (e.g. shorter subjective assessment, provide written information)
Assessment	Physical tests only if necessary Use objective markers, e.g. heart rate
Manual therapy	Monitor for sensory triggers (e.g. reduce pressure, avoid scented oils)
Exercise*	Is it necessary? Will it be tolerated? (e.g. Reduce intensity, position, load, reps)

*Exercise is not a treatment for ME/CFS and a high-risk trigger for PEM, but may be indicated for an unrelated injury/condition

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