MS INFO CHANNEL

Exercise · Fitness · Evidence

Fit with MS

The Complete Exercise and Fitness Guide

43 illustrated exercise cards, weekly plans and tips, only after talking with your doctor or physiotherapist



PDF BOOK · A4

44 PAGES

PLEASE READ FIRST

What this book is and is not

This book collects illustrated exercise cards, background from the research and plans to follow along for people with multiple sclerosis. It is **not a therapy programme, not a replacement for therapy and not instruction by professionals**. It promises no effect and makes no diagnosis. Amounts are orientation values from guidelines and studies, not a prescription.

Only after talking with your doctor or physiotherapist

Before you try a card, talk with your neurologist or physiotherapist. How often, how long and which exercises suit you is decided together with them. With dizziness, pain, breathlessness, or new or worsening symptoms you stop and have them checked. In an emergency call 112 (EU); in Germany the out-of-hours medical service is 116 117 and crisis support through TelefonSeelsorge is 0800 111 0 111 or 0800 111 0 222.

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Foundations: why, how much, how safely

What studies and guidelines worldwide say about exercise in MS, and how to turn that into a safe, doable routine.

Why exercise in MS?

For a long time people with MS were advised to take it easy, for fear that effort could trigger relapses or worsen fatigue. Today the evidence looks different: exercise is considered safe and useful, not least because lack of movement causes problems of its own. The German DGN guideline explicitly recommends active movement, for instance for spasticity.[1][2]

40
randomised trials with about 2,100 participants in a 2024 meta-analysis [3]

−0.53
fatigue effect (SMD) in the Cochrane review: 45 trials, 2,250 people [4]

+3.8
points on the Berg Balance Scale on average (2024 meta-analysis) [3]

What has been shown

- **Balance and walking:** the 2024 meta-analysis (40 trials) found better results after training in balance, walking speed, walking distance (about 26 metres more on average in the 6-minute walk test) and walking ability.[3]
- **Fatigue:** the Cochrane review rates endurance, mixed and other training (for example yoga) as probably helpful for self-reported tiredness. The certainty of the evidence is rated moderate.[4]
- **Quality of life:** in six trials the quality-of-life score (MSQOL-54) improved by almost 12 points on average, with large differences between trials.[3]
- **Safety:** a review in the trade press quotes relapse rates of 4.6% with and 6.3% without training, with muscle and joint pain as the most common side effects, mostly in strength training.[5] The Cochrane authors saw no apparent harm.[4]

How to read these numbers

These are averages from studies with very different programmes, often small groups and high variation. They do not tell you what will happen for you, and exercise **does not cure MS**. They do say: for many people with MS the benefits clearly outweigh the risks when training is adapted and built up step by step.

Important

This book does not replace medical or physiotherapy advice. Before you start, discuss with your neurologist or physiotherapist which exercises suit you. Have new or worsening symptoms checked by a doctor.

What guidelines recommend worldwide

Several countries and professional bodies have published recommendations. They differ in detail but point in the same direction: regularly, duration first, then frequency, intensity last, and both endurance and strength.

Source	Core message	For whom
Canada CSEP / Latimer-Cheung et al. [6][7]	At least 30 minutes of moderate-intensity endurance, twice a week, plus strength training of the major muscle groups, twice a week (1 set of 10–15 repetitions, later up to 2 sets). Both may be done on the same day.	Adults 18–64 with mild to moderate disability; starting lower is fine
Worldwide WHO 2020 [8]	Adults, including those with disability: 150–300 minutes of moderate activity per week and muscle strengthening on at least 2 days, as far as health allows. Some is better than none; break up long sitting.	All adults, individually adapted
Germany DMSG, DGN guideline [1][2]	20–60 minutes of movement a day, also in blocks of 8–10 minutes; moderate intensity; duration first, then frequency, then intensity; training must be interruptible at any time.	People with MS, adapted to their limitations
USA / trade press National MS Society, Motl [5]	At least 150 minutes per week of exercise and daily activity; alternatively 2–3 days of endurance at 10–30 minutes and 2–3 days of strength (1–3 sets of 8–15); effort 11–13 on the Borg scale (6–20).	Mild to moderate disability; thinner evidence for severe disability
United Kingdom MS Trust [9]	Regular, moderate exercise is helpful; with heat sensitivity prefer strength work, water-based exercise and short intervals, pre-cool, plan breaks, stop if symptoms start.	People with MS, especially with heat sensitivity

Our route through the recommendations

This book follows the shared core: endurance and strength twice a week as orientation, complemented by balance, stretching and breathing. All amounts are **orientation values from the sources**, not a prescription. How much suits you is for you and your care team to decide.

When you can do almost nothing right now

Then every minute counts: several blocks of 3 to 5 minutes a day are better than nothing and fit the DMSG advice of short blocks. Start with the “Bad-day plan” in Part C.

Your weekly pattern at a glance

This is what a week can look like along the guideline benchmarks. It is an example, not an obligation. Shift, shorten or skip as your condition allows.