

Feeling Fit With FSHD

A person wearing a light-colored hoodie and dark pants stands with their back to the camera, arms raised in a 'V' shape. They are in a field of tall grasses, with trees and a sunset sky in the background. The overall tone is warm and inspiring.

Part 2 of 2

Back, Chest, Hip Girdle + Legs



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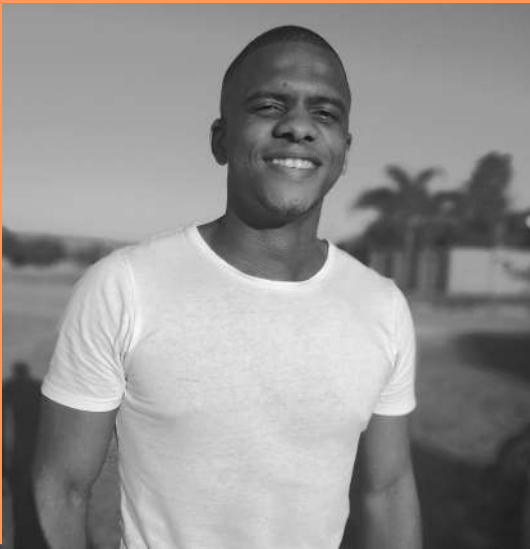
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A Bit of Background

My name is Lonwabo Nene. I live in South Africa. In my pre-adolescent years, I started to notice significant weakness and a feeling of 'looseness' all along the right-hand side of my body; from the face - down to the foot.

Subsequent issues of facial weakness symptoms, a 'drooping shoulder', winged scapula, hip pain, cartilage loss as well as footdrop all started to present themselves - unilaterally.

Over the years, I would find myself researching about my condition and all these many symptoms I was experiencing. Trying different exercises and techniques until I was fortunate enough to receive intensive physical rehabilitation.

These are my experiences and I would like to share them with you.

Before We Continue...

The information supplied in this slide-show presentation is provided as an information resource only.

It is not intended to be relied upon for any diagnostic conclusion or replace any treatment protocol.

Lonwabo Nene is not a medical physician of any kind.

The information provided is mainly from Lonwabo Nene's anecdotal experiences living with muscular dystrophy and the various ways in which he manages the condition.

A caveat, Contact details and *Medical disclaimer*



FSHD and other forms of muscular dystrophy may vary in degrees of severity between individuals



Should you wish to get in contact with Lonwabo Nene, do so via this email address: aboutlhn@gmail.com



Please consult your healthcare provider for guidance before undertaking any shown exercise

“Weakness and a feeling of ‘looseness’ ”

My name is Lonwabo Nene. I live in South Africa. In my pre-adolescent years, I started to notice significant **weakness and a feeling of ‘looseness’** all along the right-hand side of my body; from the face - down to the foot.

|| Weakness and feelings of ‘looseness’ are still two common descriptions I use to describing FSHD ||

Subsequent issues of facial weakness symptoms, a ‘drooping shoulder’, winged scapula, hip pain, cartilage loss as well as footdrop all started to present themselves - unilaterally.

|| The more I became aware of my body and what was happening, the more I came to realise these were the knock-on effects of something that would otherwise be seen as unrelatable ||


Topics of Discussion

FACE

SHOULDER
GIRDLE + ARMS

Back
&
Chest

Hip Girdle
+
Legs

- 
- Face: Decreased expression and a heaviness on the affected side
 - Shoulder Girdle + arms: Severely internally rotated shoulder and visible atrophy of bicep and tricep
 - Chest & Back: Difficulty with pressing movements, back pain
 - Hip Girdle + Legs: hip drop resulting in unequal leg lengths and compensation patterns

Back

We'll be using a resistance band in these exercises

BAND PULL APARTS



A great movement for increasing scapula control, stability and mobility. Using a neutral grip (thumbs up) promotes external rotation while also targeting the rotator cuff

How To:

Grab the ends of the resistance band with both hands.

Hold the band at the height you feel most comfortable, with your arms as straight out in front of you as you can manage.

Spread your arms out to your sides pulling the band tighter.

Control the band back into the starting position and repeat.

BAND PULL APART - Variation



This variation can be known as the 'external rotation raise'. It highlights the insufficient external rotation strength and stability that plagues FSHD patients. The slight raise, with the forearms forward and vertical, also encourages scapula protraction and upward rotation without having to fully reach over one's own head.

How To:

With your elbows facing forward and forearms vertical, grab the ends of the resistance band as shown.

Proceed to pull the band apart and slowly raise your arms to a height you can manage and hold for 3 seconds.

Lower your arms, take a break and repeat.

BAND FACE PULLS



My absolute 'GO-TO' number one exercise for overall scapula health and upper back strength. The thoracic extension required to perform this movement effectively also encourages proper posture and improved core stability.

How To:

Find any solid structure you can attach the band to or around.

The height you decide to affix the band to should be comfortable for you. Ideally, shoulder level to above.

Take hold of the band using a neutral grip (thumbs up) and pull with your hands towards your face.

Try to focus on opening up the chest and retracting the scapula as you pull around your torso.

Ease off the motion allowing your scapula to protract back into starting position

SEATED BAND ROW



How To:

Wrap the band around a heavy, stable object anywhere from ankle height to sternum (chest) height. If seated on a chair; hip height to chest level.

With a neutral grip, grab the ends of the band and pull towards you, making sure to not flare out the elbows or shrug.

Instead, pull with your elbows relatively tucked, at around a 45 degree angle and ensure a good tight squeeze of the shoulder blade .

Control the band as it loosens and embrace the stretch with the protraction.

SEATED BENT OVER ROW



How To:

You can choose to either step on the band with both feet or place a heavy object on top of the band.

Bent forward, grab the ends of the bands with a neutral grip and pull towards you.

Ensure you depress your scapula and keep your elbows tucked in to your sides.

Control the release and allow the scapula to fully protract, rest and repeat.

Chest

Dumbbells can be used as a substitute for some of these exercises
if chosen to be performed laying on your back

RESISTANCE BAND PUNCHES - or as I like to call it the '1 inch Punch'



FSHD patients are well aware of the implications brought about by a weakened serratus anterior muscle. A winged scapula, drooping shoulder as well as limited overhead elevation, are some of the complications that arise due to this muscle not actively firing when it should.

How To:

Place the resistance band behind you and across your mid-back.

Next, extend one arm while maintaining a depression of the shoulder blades.

Don't stop there, now focus on 'pushing through' your arm, allowing the scapula to fully protract.

That last half-inch to an inch of 'pushing through' is where you really activate the serratus anterior muscle.

Ease off the motion, rest and repeat.

SEATED DESK PUSH-UP

The seated desk push-up allows us to solely focus on maintaining a strong, stable upper body base while keeping good scapula depression and a firm protraction that allows for the activation of the serratus anterior



How To:

In an upright position, place your hands on the desk slightly outside of shoulder width.

Then, depressing your shoulder blades, slowly lower yourself to your desk to a level you feel most comfortable with yet strong enough to be able to push yourself back up from.

Try to implement the 'pushing through' method here as well to help fire up the serratus anterior.

SEATED BAND CHEST PRESS



How To:

In an upright position, place the resistance band across your mid back, just below the shoulder blades

Next, take hold of each end of the band and perform a pressing movement.

Keep in mind that the further you push the more tension is applied to the band and more resistance is gained.

You only want to press until a bit of tension is felt in the chest and slowly relax the motion back to starting position.

SEATED BAND CHEST FLY



How To:

In an upright position, place the band behind you and just below the shoulder blades. If you can find a stable structure to anchor the band to behind you around this height, would be ideal.

Use a firm neutral grip, arms out parallel to the floor and slightly bending your elbows, reach out in front of you; bringing your arms together and squeezing your chest at the peak of the movement.

Allow your arms to open out, back into the starting position, rest and repeat.

Hip Girdle & Legs

SEATED HIP-HINGE

In the first session, I talked a little about compensation patterns. Well, a common compensation pattern of a weak lower back and hip-flexor muscles is the rounding of the back in order to achieve full range of motion.

Being aware of your hip mobility and addressing the issues will help in reducing extra stress on your spine, improve your overall wellbeing and allow you to perform everyday day tasks such as picking things off of the floor.



How To:

Seated at your desk, bring your chair slightly out to about half of arm's length.

In an upright position, really try to avoid any slouching, scoop your hips forward to feel the tension in the lower lumbar section.

Then, proceed to slowly try to kiss (haha) your desk. Don't worry about how close you get the first few times as you still want to go down to a level that you can control yourself back up to without using your hands to push up from the desk.



SINGLE LEG ABDUCTOR RAISE

This is an exercise I added later on in my rehabilitation and remains a staple in my training programme. It helped to strengthen the outer side ligament of my knee (LCL) as well as the hip abductors (outer side hip muscles)

I now prefer to do this exercise laying on my side, however, I started off performing it while standing.



How To:

Stand next to your desk or table using your other hand as support. If you like, you could even use a wall as an alternative to desk.

Proceed to raise your leg out to your side, trying to keep the toes pointed forward and leading with the heel.

Slowly relax the motion back to starting position, and repeat.

SEATED TOWEL HAMSTRING CURL



How To:

Sit in an upright position on the edge of your seat.

Place a towel underneath your feet and proceed to pull the towel with your heels towards you.

You should feel a good contraction in the hamstrings as you pull and slight tension of the quads as you slide the towel away from you back into the starting position.

I hope these help you just as much as they helped me

Keep Moving, Keep Feeling Fit!

