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BEFORE YOU START ANYTHING

Is This Safe *To Do?*

How to judge what's safe, when to push, and when to stop. No exercises. Just the decisions.

BY

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READ THIS FIRST

Almost nobody fails at the exercises

You can find ten thousand free stretches online in about four seconds, and most people who are stuck already have a folder of them. What they don't have is a way of deciding whether today's discomfort means carry on or stop, whether this week is the week to add more, or whether the thing they're feeling needs a professional rather than a plan.

That's what this is. Understanding before effort, because the same exercise helps or harms depending entirely on how much, how often, and whether you should have been doing it at all.

01 Read the red flags first

Page three is the only part that's genuinely urgent. Everything else can wait until you've checked you're not in that list.

02 It's about judgement, not exercises

There isn't a single stretch in here, and that's deliberate. Knowing how to decide is what makes any exercise programme work or fail.

03 Print the last three pages

The log, the flare-up plan and the appointment sheet are the parts you'll use. The rest you read once.

04 Two weeks is the unit

Almost nothing in recovery can be judged in a day. Give any change a fortnight before you decide whether it worked.

> **IMPORTANT**
>
> This guide is educational. It covers general principles used in movement and rehabilitation and it is not medical advice, a diagnosis, or a substitute for assessment by a doctor or physiotherapist. It cannot see you, examine you, or know your history. If a clinician has given you instructions for your specific condition, theirs override anything in here. Always get cleared before starting a new exercise or rehabilitation programme, particularly after surgery, illness, pregnancy, a stroke, or any other significant medical event.

STOP — GET HELP NOW

Before anything else, check you're not in this list

These are not reasons to modify your exercises. They are reasons to seek urgent medical attention today. If any of them apply, close this and make the call.

- New numbness around the genitals, buttocks or inner thighs, or any loss of bladder or bowel control. This needs same-day emergency assessment.
- Sudden drooping on one side of the face, weakness in an arm, or slurred speech. Call emergency services immediately.
- Weakness in a limb that is getting worse rather than better.
- Severe pain following a fall, a collision, or an accident.
- A limb that is cold, pale, or that you cannot move or put any weight through.
- Swelling, heat and redness in one calf, particularly after surgery, illness or long travel.
- Fever alongside back or joint pain.
- Chest pain, breathlessness or feeling faint during activity.

> **WHY THIS PAGE COMES FIRST**
>
> The overwhelming majority of aches and injuries are not on this list, and knowing that is genuinely useful. But no amount of sensible pacing helps if the thing causing the pain needs a doctor rather than a programme, and a handful of these are time-critical. Thirty seconds of checking is worth it.

GET SEEN WITHIN A FEW DAYS

Less urgent, still worth a proper look

None of these mean something is seriously wrong. They mean self-management on its own probably isn't the right tool, and somebody should examine you before you carry on guessing.

- Pain that wakes you every night and doesn't change whatever position you lie in.
- Unexplained weight loss alongside persistent pain.
- Numbness or pins and needles that is spreading rather than settling.
- No change at all after two to three weeks of sensible self-management.
- Symptoms after giving birth affecting continence, or a feeling of heaviness or dragging.
- You've had a stroke, surgery or another significant medical event and haven't yet been cleared for exercise.
- You're avoiding ordinary daily activity because you're frightened of the pain.

> **IF YOU'RE UNSURE**
>
> Ring your GP surgery or a physiotherapist and describe it. Asking is free, and being told it's fine is a genuinely useful outcome. Recovery goes much better when you aren't quietly frightened the whole way through it.

PART ONE

Reading The Signal

WHAT THE SYMPTOMS ARE ACTUALLY TELLING YOU

Most people treat pain as a single number that's either good or bad. It isn't. Pain during activity, pain the next morning, and the character of the pain are three different signals telling you three different things, and learning to separate them is most of the skill.

01

The traffic light

Rate your discomfort out of ten while you're actually moving, not afterwards from memory. This gives you a working range rather than a yes or no, which matters because waiting for zero pain before you move is how people end up not moving for years.

Discomfort inside a tolerable range is usually part of the process rather than a sign of harm. Pain and damage are not the same thing, and a sensitised area can hurt considerably while being perfectly safe to load.

GREEN

0 to 3

Carry on. This is the zone most of your work should happen in.

AMBER

4 to 5

Acceptable for many conditions if it settles within a day and isn't creeping up week on week. Worth raising with a clinician.

RED

6 and above

Back off now. Reduce the range, the load, or how long you're doing it for. Don't push through.

If a physiotherapist has given you different limits for your condition, use theirs. This is a general guide, not a rule that outranks someone who has actually examined you.

The 24-hour rule

What you feel during a session matters far less than how you feel the next morning. This is the single most reliable feedback you have, and it's free.

If you wake up the same or better, the amount you did was appropriate, even if it felt uncomfortable at the time. If you wake up noticeably worse and it hasn't settled by the following day, it was too much. Not dangerous, necessarily. Just more than you currently have capacity for.

HOW TO USE IT

- Judge the session by tomorrow morning, not by how it felt at the time.
- One bad morning is information. Three in a row is a pattern worth changing.
- If it settles within 24 hours, it counts as a green session in hindsight.

This is why keeping a log beats relying on memory. Two weeks in, the pattern is obvious on paper and invisible in your head.

Sharp, shift, strange

Three kinds of sensation mean stop regardless of what the number says. They are worth memorising, because they're the difference between discomfort you can work with and a signal you shouldn't override.

SHARP

Sudden and stabbing

A distinct catch or stab, rather than a general ache. Stop the movement, don't repeat it to check.

SHIFT

Symptoms travelling further

Pain moving further down an arm or leg during a movement usually means back off. Symptoms drawing back towards the centre is generally the good direction.

STRANGE

Not ordinary pain

Numbness, pins and needles, weakness, dizziness, or anything that doesn't feel like normal muscular discomfort.

Stopping isn't the same as quitting. It means that particular movement, at that range, on that day, was more than the area could take. Reduce it and try again tomorrow.

PART TWO

Progressing Without Flaring

WHY RECOVERY STALLS, AND WHAT TO CHANGE

Almost nobody stalls because they picked the wrong exercise. They stall because of how they applied it. These are the six patterns that account for most of it, and the rule that prevents most of them.

02

Change one variable at a time

There are four things you can increase, and the temptation on a good day is to raise all of them at once. How much you do, how hard it is, how often you do it, and what type of movement it is. Change one, hold the others, and give it two weeks.

This feels frustratingly slow and it's the fastest route available. When you change three things and flare up, you've learned nothing about which one caused it, so you have to start the guessing over.

THE FOUR DIALS

- Volume. How much, in total.
- Intensity. How hard, or how much load.
- Frequency. How often across the week.
- Type. What the movement actually is.

Roughly ten per cent more per week is a sensible ceiling for most people. On a good day the urge is to double it. That urge is the thing that causes the next three bad days.

Six ways recovery stalls

Every one of these is common, none of them is a character flaw, and all of them are fixable once you can see which one you're doing.

01 Boom and bust

A good day arrives, you do everything you've been putting off, and you lose the next three. This is the most common pattern in recovery by a distance. The fix is boring: do the same amount on good days as bad ones until your baseline genuinely rises.

02 Complete rest

For most persistent musculoskeletal pain, total rest makes things worse rather than better, because tissue capacity falls while you wait. Relative rest, meaning modified activity rather than none, is usually the better answer. Post-surgical instructions are the exception and always win.

03 Chasing zero

Waiting until it stops hurting before you start is how people spend years not starting. The target is capacity, not the absence of sensation, and capacity is built by doing slightly more than yesterday inside a tolerable range.

04 Stopping when it feels better

Feeling better arrives well before capacity comes back. The gap between those two things is where most re-injuries live, and it's why people end up with the same problem three times in two years.

05 Restarting from zero after every flare

A flare is not a return to square one. Drop back to what you could manage a fortnight ago, hold there until it settles, then carry on. Going back to nothing turns a bad week into a lost month.

06 Only doing it while it hurts

The people who stop having the problem are the ones who kept a reduced version going after they felt fine. Ten minutes twice a week indefinitely beats forty minutes daily for six weeks and then nothing.

PART THREE

The Tools

THREE PAGES TO PRINT

The rest of this is practical. A log that turns two weeks of guessing into a visible pattern, a flare-up plan written while you're calm enough to think clearly, and a sheet to take to your next appointment so you get more out of twenty minutes than most people get out of three visits.

03

Why pain alone is a poor measure

Pain moves around for reasons that have nothing to do with your tissue. Bad sleep, a stressful week, dehydration, a long drive, and the weather will all shift it. Judging your recovery on pain alone means reading a signal with a great deal of noise in it.

Four columns fix this. Two weeks of them will show you things about your own patterns that months of thinking about it will not, and it's the single most useful thing you can put in front of a physiotherapist at a first appointment.

THE FOUR COLUMNS

- What you did, and roughly how much of it.
- Discomfort during, out of ten.
- Discomfort the next morning, out of ten.
- Sleep, to the nearest hour.

Fill it in for two weeks before you draw any conclusions. Recovery data is noisy day to day and obvious across a fortnight.

The Two-Week Log

Started _____

Fill this in every day for a fortnight before you conclude anything. Take it to your next appointment.

DAY	WHAT I DID, AND HOW MUCH	DURING /10	NEXT AM /10	SLEEP

My Flare-Up Plan

Written on _____

Write this while things are calm. Judgement during a flare is poor, and the point of a plan is that you don't have to make decisions when you're least able to.

THE LEVEL I DROP BACK TO

What I could comfortably manage a fortnight ago. Not nothing.

WHAT I KEEP DOING REGARDLESS

Walking, breathing work, the unaffected side. Something always continues.

WHAT RELIABLY SETTLES IT FOR ME

WHO I CONTACT, AND AT WHAT POINT

Name and number. Decided now, not at eleven at night.

THE RULE

Give it five to seven days at the reduced level before drawing any conclusion. If it's still worse after that, or if anything from the red flag pages appears, get it looked at rather than waiting it out.

Appointment Sheet

Appointment on _____

Twenty minutes goes quickly. People who bring notes get considerably more out of it than people who try to remember six weeks of symptoms on the spot.

TAKE WITH YOU

- [ ] Your log. Two weeks of it beats any description you can give from memory.
- [ ] One sentence on how it started, and one on what's changed since.
- [ ] What you're actually trying to get back to. Be specific about the activity.
- [ ] A list of what already makes it better and worse.

ASK BEFORE YOU LEAVE

- [ ] What am I safe to do between now and the next appointment?
- [ ] What specifically should I stop doing?
- [ ] What should I expect to have changed in four weeks?
- [ ] What would make you want to see me sooner than planned?
- [ ] Is there anything about this that needs a scan or a doctor rather than physio?

SAY WHAT YOU WANT BACK, SPECIFICALLY

I want to carry my grandson up the stairs is far more useful to a clinician than I want to be pain free. It gives them a target they can actually build a plan towards, and it gives you a way of knowing whether it worked.

Calm beats urgent, every time

You now have the part that most recovery advice skips. How to read what your body is telling you, how to add load without setting yourself back, what the genuine warning signs are, and what to do on the days it goes backwards.

What's missing is the programme itself, and that's deliberate. Which exercises, in which order, at what dose, depends on what's actually going on with you, and that belongs in something written for your specific problem rather than a free download written for everybody.

WHERE TO GO NEXT

The Recovery Series

Fifteen complete programmes, each built on the framework in this guide. Back, hip, knee, neck, shoulder, sciatica, plantar fasciitis, postpartum, stroke recovery, balance and falls, and returning to training after injury.

edenrootpress.com/the-recovery-series

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MORE FROM EVAN CALDER

The Recovery Starter Pack

Seven working documents, sent over about ten days. Trackers and planners you fill in, not another article telling you to be patient.

The 14-Day Recovery Pattern Tracker

One page. Two weeks. The point is to stop judging recovery by a single bad day.

The Flare-Up Reset Sheet

What to do in the first forty-eight hours, written for the day it actually happens.

The Recovery Traffic Light Chart

Green, amber, red. A decision you can make in ten seconds.

The One-Change Recovery Planner

Change one thing at a time, so you can tell which thing worked.

The Better Appointment Pack

What to bring, what to ask, and what to write down, so a ten-minute appointment is worth having.

The Recovery Series Reading Map

Fifteen books, one body. This says which one is yours.

Six Recovery Mistakes Checklist

The mistake that turns one good day into three bad ones, and five others.

OPEN THE RECOVERY STARTER PACK

https://edenrootpress.com/evan-calder-reader-vault/