FREE GUIDE

Exercise and Chronic Pain: How to Stay Active When Everything Hurts

Why rest is often the wrong answer — and how to find an approach to exercise that reduces your pain rather than making it worse.

If you live with chronic joint or muscle pain, you've probably been told at some point to "take it easy" or "rest when it hurts." For many types of pain, that's not just unhelpful — it can make things worse. This guide explains why movement is often the best medicine for chronic pain, how to exercise safely when you're hurting, and how to tell the difference between pain you should work through and pain that needs attention.

UNDERSTANDING CHRONIC PAIN

Why it happens and why rest often makes it worse

Acute pain — the kind from a fresh injury — is a signal to protect the damaged area while it heals. Chronic pain is different. It's pain that persists beyond the normal healing window, often long after the original injury has resolved. At this point, the pain is less about tissue damage and more about how the nervous system has adapted.

When we stop moving to avoid pain, several things happen:

- Muscles weaken, putting more load and stress on already sensitive joints
- Joints stiffen from lack of movement, reducing the range of motion available
- Circulation decreases, slowing the delivery of nutrients and removal of inflammatory byproducts
- The nervous system becomes more sensitized — meaning the same stimulus starts producing more pain
- Confidence in the body's ability to move decreases, creating a cycle of avoidance and further decline

> **"For most chronic joint and muscle pain, the research is clear: appropriate exercise is one of the most effective treatments available — often more effective than medication alone."**

HOW EXERCISE HELPS

What the right movement actually does

Exercise doesn't just distract from pain — it produces measurable physical changes that address its causes:

Builds protective muscle strength.

Stronger muscles around a joint absorb more of the load during movement, reducing the stress on the joint surfaces themselves. This is especially important for knee, hip, and shoulder pain.

Improves joint lubrication.

Synovial fluid — the joint's natural lubricant — is distributed through movement. Joints that don't move enough become stiff and less well-lubricated, which increases friction and discomfort.

Reduces systemic inflammation.

Regular moderate exercise has an anti-inflammatory effect at the systemic level, which can reduce the overall inflammatory load contributing to chronic pain.

Retrains movement patterns.

Many chronic pain conditions are maintained by poor movement habits — the way you lift, walk, or sit that puts repetitive stress on the same structures. Corrective exercise addresses these patterns directly.

Modulates pain sensitivity.

Exercise triggers the release of endorphins and other natural pain-modulating compounds. Over time, consistent movement can actually lower the nervous system's sensitivity to pain signals.

THE GOLDEN RULE

Work with your pain, not against it

The goal of exercising with chronic pain is not to ignore the pain or push through it at all costs. It's to find a level of activity that challenges your body without provoking an unacceptable flare-up. Here's how to think about it:

Pain level during exercise	What to do
0–3 out of 10 (Mild or no pain)	Safe to continue. This is your target zone.
4–5 out of 10 (Moderate pain)	Proceed with caution. Reduce intensity or load. Monitor how you feel in the 24 hours after.
6+ out of 10 (Significant pain)	Stop the exercise. This level of pain is a signal to modify or substitute the movement.

A useful additional rule: if your pain is noticeably worse 24 hours after a session than it was before, that's a sign you did too much. Scale back the next time.

WHERE TO START

Practical principles for exercising with pain

Start with range of motion, not resistance.

Before adding load, work on moving the painful area through its available range of motion — gently and without provoking significant pain. This improves circulation, reduces stiffness, and prepares the joint for more demanding work.

Strengthen what supports the painful area.

If your knees hurt, strengthening your hips and glutes reduces the load transferred to the knee. If your shoulders hurt, strengthening your rotator cuff and scapular stabilizers helps. The painful joint is often not where the real problem is.

Move consistently, not intensely.

Frequent, moderate movement beats occasional intense sessions for chronic pain management. Daily gentle activity is more therapeutic than three hard workouts a week with nothing in between.

Modify, don't eliminate.

If an exercise hurts, the answer is usually to modify it — change the range of motion, the load, or the position — rather than abandon it entirely. A qualified trainer can help you find the right modification.

Track your response.

Keep a simple note of your pain level before, during, and 24 hours after exercise. Patterns will emerge that help you understand what's working and what's not.

COMMON CONDITIONS

A brief note on specific pain types

Osteoarthritis (joint degeneration).

Exercise is one of the most evidence-supported treatments for osteoarthritis. Strength training, aquatic exercise, and low-impact aerobic activity have all been shown to reduce pain and improve function. The old advice to 'rest your joints' has been largely replaced by 'load them appropriately.'

Lower back pain.

For non-specific lower back pain (which accounts for the majority of cases), bed rest is one of the worst things you can do. Core stability training, gentle mobility work, and gradual return to normal movement are the evidence-based approach.

Shoulder pain.

Most chronic shoulder pain involves the rotator cuff — either weakness, tightness, or impingement. Targeted strengthening and mobility work almost always helps, but the exercise selection matters enormously. The wrong exercises can aggravate shoulder pain; the right ones resolve it.

Chronic knee pain.

Quadriceps and hip strengthening are among the most effective interventions for chronic knee pain, including knee arthritis. Lower-impact activities — swimming, cycling, and carefully selected resistance exercises — allow you to build strength without excessive joint stress.

WHEN TO SEE A PROFESSIONAL

Some situations need more than a guide

Self-managed exercise can do a lot — but some situations call for professional guidance:

- Pain that is severe, worsening, or accompanied by swelling, instability, or neurological symptoms (numbness, tingling)
- Pain following a recent surgery, fall, or injury
- You've tried exercising on your own and keep making the pain worse
- You're not sure which exercises are safe for your specific condition
- You've been discharged from physical therapy but still don't feel fully back

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READY TO TAKE THE NEXT STEP?

Get a program built around your specific situation

Understanding the principles in this guide is a great start. Having a program designed specifically for your body, your pain, and your goals is what actually produces lasting change.

Tim Williams (BodyGrades) specializes in helping adults 40+ manage chronic joint and muscle pain through exercise. With 15 years as a licensed physical therapist assistant, he understands pain at a clinical level — and knows how to build programs that work with your body, not against it. He comes to you.

Book your assessment at bodygrades.com
or call Tim directly at (678) 316-9459

Tim Williams, BS, EP-C, KTP | Former Licensed Physical Therapist Assistant | 20+ Years in Healthcare & Fitness