

ASK FIRST, MOVE SMARTER

3 Questions to Modify Any Workout for POTS, hEDS & Dysautonomia

MODIFICATION ISN'T GIVING UP ON A MOVE. IT'S THE WHOLE SKILL.



COOL IT DOWN

Heat pulls even more blood down into your legs, which is exactly what you don't want when standing's already hard. Try a cold pack on your neck or wrists before or during your move!

Hey, I'm Ellie — founder of Ola Wellness Co. and a Certified Personal Trainer with a B.S. in Kinesiology. I also live with POTS and hEDS myself, so I get this from both sides of the mat. If you've ever stared at a workout and thought "sure, but will THIS wreck me?" then this is for you! Instead of handing you a fixed list of "safe" exercises that runs out the second you want to try something new, here's how to think it through yourself, every time.

1. Does this need sustained standing, or a fast position change?

If you're dealing with POTS or another form of dysautonomia, this one's for you first. Research backs starting seated or lying down and working up to standing gradually, instead of jumping straight into upright work (Fu & Levine, 2018).

2. Could this leave me crashing tomorrow, even if it feels fine today?

This one matters most if you're managing ME/CFS or post-exertional malaise (PEM). Symptom flares are often delayed 12-48 hours after activity, so feeling okay in the moment doesn't mean you're in the clear (Vøllestad & Mengshoel, 2023).

3. Does this load a joint at its end range, or ask it to hold weight unsupported?

This one matters most if you're managing hEDS, hypermobility, or joint-related arthritis. Hypermobility rehab research points toward training that builds control and stability through a joint's range, rather than relying on locking out or end-range positions for support (Buryk-Iggers et al., 2022).



SO TODAY'S A CHAIR DAY... COOL, WE PLANNED FOR THAT



Practical Application: TRY THESE TIPS

- Start in the seated or lying down version and build up gradually — don't skip straight to standing. If standing is unavoidable, pause for a few seconds before moving into it instead of transitioning quickly.
- Pace by what you could repeat again tomorrow, not by how you feel right now. If you're unsure whether something's too much, do noticeably less than you think you can handle, then see how the next two days go before pushing further.
- Stay within a controlled mid-range instead of locking the joint out. Add support (a wall, a chair, a resistance band, ect.) so the joint isn't holding your full weight alone, and build the surrounding muscle gradually rather than leaning on flexibility.

Did you know?
Not Even Astronauts Are Immune

POTS, VVS, and dysautonomia run on the same basic system that gives astronauts trouble too: how your body manages blood flow against gravity. After even short spaceflights, up to two thirds of astronauts can't stand for 10 minutes without symptoms when they land (Bryarly et al., 2019).
Here's the useful part: NASA's actual fix for this is fluid loading with extra salt and water before landing, plus compression garments worn from the ankle up through the abdomen. Sound familiar? It's close to what's already recommended for managing POTS day to day. Turns out the exact same physics problem gets the exact same real world solution, whether you're coming back from orbit or just standing up to make coffee!

Get to Know Us

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Sources

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