

According to the International Consensus Criteria (ICC) for Myalgic Encephalomyelitis (ME), musculoskeletal and neuromuscular impairments are part of the broader category of Neurological Impairments and can include:

- *Muscle weakness or loss of muscular power, especially after exertion
- *Muscle fatigability with prolonged recovery time
- *Myofascial pain, muscle pain, or muscle tenderness
- *Joint pain without significant swelling or redness
- *Motor disturbances such as poor coordination, clumsiness, balance problems, or ataxia
- *Muscle twitching, fasciculations, tremors, or spasms
- *Feelings of heaviness in the limbs
- *Slowed movements and impaired motor processing
- *Periods of profound physical exhaustion or temporary immobility after exertion
- *Sensory disturbances that can affect movement and physical function

The ICC emphasizes that these symptoms are not simply due to deconditioning. They are considered part of a broader neuroimmune dysfunction characteristic of ME, particularly when linked to Post-Exertional Neuroimmune Exhaustion (PENE) — the hallmark feature of the illness.

Management of musculoskeletal and neuromuscular symptoms in ME according to the ICC framework focuses primarily on energy conservation, symptom stabilization, and avoiding post-exertional worsening, rather than pushing through symptoms.

Common approaches include:

- *Pacing / Energy Management: Staying within the individual's "energy envelope" to reduce crashes and worsening of muscle weakness, pain, and neuromuscular dysfunction.
- *Activity Modification: Breaking tasks into smaller parts, using rest periods, and avoiding sustained physical or cognitive overexertion.
- *Pain Management: Depending on the patient, this may include heat, gentle stretching within tolerance, massage, physiotherapy adapted for ME, or physician-guided medications for pain and muscle spasms.
- *Mobility Supports: Canes, wheelchairs, braces, shower chairs, or compression garments may help reduce strain and conserve energy.

*Sleep Optimization: Improving sleep quality may reduce muscle pain, fatigue, and neuromuscular irritability.

*Autonomic Support: Managing orthostatic intolerance or POTS - through fluids, electrolytes, compression, and medical treatment when appropriate - can sometimes improve muscle endurance and function.

*Nutritional Support: Correcting deficiencies such as vitamin D, B12, iron, magnesium, or electrolyte imbalances if present.

*Gentle Rehabilitation Within Limits: Any movement program should remain below the threshold that triggers PENE/PEM. Traditional graded exercise approaches can worsen symptoms in many ME patients.

*Environmental Adaptations; reducing sensory overload, excessive standing, temperature extremes, and other stressors that can aggravate neuromuscular symptoms.

The ICC stresses that symptom severity can fluctuate significantly, and management often requires individualized adjustment over time.

References

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