MOVE BETTER.
FEEL BETTER.

An Everyday Guide to Pain, Mobility & Staying Active

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A complimentary patient education guide

A Note Before You Begin

This guide is designed to help you make sensible day-to-day decisions about movement, common aches, mobility, exercise, and recovery. It is educational information, not a diagnosis or an individualized treatment plan. Your medical history, medications, injuries, age, and other health factors can change what is appropriate for you.

> **Use good judgment**
>
> Stop an exercise if it causes sharp, severe, rapidly increasing, or unusual pain; new numbness or weakness; dizziness; chest pain; shortness of breath; or any symptom that concerns you. Seek urgent medical attention for emergencies.

For persistent, worsening, traumatic, or unexplained symptoms, an in-person evaluation is more useful than trying to diagnose yourself from a book or the internet.

How to Use This Book

- Read the chapters that match what you are dealing with today.
- Use the 10-minute routine as a menu, not a test. Comfortable movement matters more than forcing range.
- Try the 7-Day Move Better Challenge when you want a simple reset.
- Write down patterns you notice. Good decisions often start with noticing what changes symptoms - and what does not.

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About Dr. Adam Roussel

CHAPTER 1

Pain Is Information, Not a Verdict



Understanding pain can make it less mysterious - and help you respond more intelligently.

Pain is real, but it is not a perfect damage meter. A painful area can be irritated without being seriously injured, and a structural finding on a scan can exist without causing symptoms. Pain is better understood as a protective experience influenced by tissue irritation, sensitivity of the nervous system, sleep, stress, previous injuries, expectations, and how much load your body has recently handled.

What this changes

Instead of asking only, “What is damaged?” it can be useful to ask, “What makes this better or worse? What can I still do comfortably? Is my function improving? Are there warning signs that change the situation?” Those questions lead to better day-to-day decisions.

- Mild soreness after unfamiliar activity can be normal.

- Pain that settles as you warm up may behave differently from pain that steadily escalates.
- A bad day does not automatically mean you have undone your progress.
- Function - walking, sleeping, lifting, working, exercising - is often a better progress marker than chasing a pain score of zero.

> **A useful goal**
>
> The goal is not to become fearless about every symptom. It is to become better at distinguishing ordinary sensitivity from a situation that deserves evaluation.

Try this today

Choose one activity you have been avoiding because it feels uncertain. Reduce the difficulty, range, speed, or duration until you can perform a comfortable version. That is often a better starting point than doing nothing or forcing through pain.

CHAPTER 2

Why Stiffness Happens

Feeling stiff does not always mean something is "out" or permanently tight.

Stiffness is a sensation. Sometimes it reflects joint or muscle restriction, but it can also show up after sitting, sleeping, guarding an irritated area, doing less activity than usual, or simply staying in one position too long. Many people feel dramatically looser after a few minutes of movement even though no tissue could have physically lengthened very much in that short time.

Movement snacks beat marathon fixes

If your day requires long periods of sitting or driving, one heroic stretching session at night may be less useful than brief movement breaks spread across the day. Two or three minutes can be enough to change position, increase circulation, and remind your nervous system that more movement options are available.

- Stand and walk for 1-3 minutes.
- Gently rotate your upper back and shoulders.
- Move your hips through a comfortable range.
- Take several slow breaths while relaxing your jaw and shoulders.
- Change your work position before discomfort forces you to.

> **Don't chase a stretch sensation**
>
> A stretch does not need to hurt to "work." Mild tension is plenty. Aggressive stretching can irritate already sensitive tissue.

Measure what matters

Ask whether you can turn, reach, squat, walk, or get out of a chair more easily after moving. A functional change tells you more than how dramatic the stretch felt.

CHAPTER 3

The Myth of Perfect Posture



Your best posture is usually your next posture.

Posture matters, but not because there is one flawless alignment everyone must hold all day. Human bodies are built to tolerate many positions. Problems often arise when a position is held for too long, when workload exceeds capacity, or when a sensitive area has too few comfortable alternatives.

Make your workstation adjustable

- Place the screen where you can see it without repeatedly craning your neck.
- Support your feet or change leg position rather than forcing one “correct” pose.
- Keep frequently used items within an easy reach.
- Use a chair and desk height that allow relaxed shoulders.
- Change position regularly - even a beautiful posture becomes uncomfortable if you never leave it.

If you catch yourself slouching, you do not need to panic and snap rigidly upright. Simply change position. Lean back. Stand. Walk. Rest your forearms. The ability to vary posture is more useful than constantly policing yourself.

Think variability, not perfection

A resilient body has options. Build more comfortable positions instead of trying to live in one idealized pose.

A 60-second reset

- Stand up and let your arms hang comfortably.
- Roll your shoulders slowly backward five times.
- Turn your trunk gently left and right five times.
- Take five relaxed breaths.
- Walk for the remainder of the minute.

CHAPTER 4

Your Neck in a Screen-Heavy World



Small changes in exposure often help more than blaming the phone itself.

Phones, tablets, laptops, driving, and desk work can keep the neck in similar positions for long periods. The issue is rarely that looking down is inherently dangerous. The bigger issue is dose: how long, how often, how fatigued you are, and whether your day includes enough movement in other directions.

Reduce the dose without reorganizing your life

- Bring the phone higher for part of the time.
- Use voice-to-text when practical.
- Take short visual and movement breaks during long computer sessions.
- Support your arms when reading or scrolling for extended periods.
- Alternate tasks instead of doing hours of one screen-heavy activity.

Gentle neck sequence

- Turn your head left and right within a comfortable range, 5 times each direction.
- Gently nod as if saying yes, 5-8 repetitions.
- Draw your shoulder blades slightly back and down, then relax, 8 repetitions.
- Stand and reach your arms overhead if comfortable, 5 repetitions.

> **Skip forceful self-manipulation**
>
> You do not need to aggressively twist or “crack” your neck to make mobility work. Gentle active motion is a safer default.

If neck pain follows trauma, is accompanied by progressive weakness or numbness, severe headache, dizziness, coordination problems, fever, or other concerning symptoms, seek appropriate evaluation rather than treating it as ordinary screen tension.

CHAPTER 5

A Smarter Approach to Back Pain

Keep moving when you safely can, then rebuild capacity gradually.

Back pain is common and often improves, but the first few painful days can make ordinary movement feel threatening. Complete bed rest is rarely a useful default for uncomplicated back pain. Comfortable activity, short walks, position changes, and gradual return to normal tasks are often more productive.

During a flare-up

- Reduce the intensity of aggravating tasks rather than automatically eliminating all activity.
- Use short, frequent walks if walking feels tolerable.
- Experiment with comfortable sitting, standing, and lying positions.
- Avoid repeatedly testing the most painful motion just to see if it still hurts.
- Resume normal activity in stages as symptoms settle.

There is no single exercise that is right for every back. Some people prefer bending, some prefer extension, and others tolerate neutral movement best during a flare. The useful direction is the one that improves comfort or function without creating concerning symptoms.

> **Progress beats perfection**
>
> A recovery can have ups and downs. Look at the trend over several days: sleep, walking tolerance, work tolerance, range of motion, and confidence.

When to get help

Seek evaluation when pain is severe or worsening, follows significant trauma, persists without meaningful improvement, or is accompanied by neurological or systemic warning signs described later in this guide.

CHAPTER 6

Shoulders: Restore Options, Not Perfection

Shoulders like variety, strength, and gradually increasing load.

The shoulder is designed for a large range of motion. That freedom also means shoulder symptoms can be influenced by the rotator cuff, surrounding muscles, the neck, workload, sleep position, and how quickly activity has changed. A sore shoulder does not automatically mean you should stop using the arm.

Start with tolerable motion

- Pendulum: support yourself with the opposite hand and let the sore arm make small relaxed circles.
- Wall slide: slide the hand upward on a wall only as high as feels comfortable.
- External rotation isometric: with the elbow at your side, gently press the back of the hand outward into a wall without moving the arm.
- Scapular set: gently draw the shoulder blade back, then fully relax.

For each movement, begin with a small dose. If the shoulder feels the same or better afterward and later that day, that dose was probably reasonable. If symptoms flare substantially and stay elevated, reduce range, resistance, or repetitions next time.

> **Painful does not always mean harmful**
>
> But pain that is severe, traumatic, associated with obvious deformity, major weakness, or inability to raise the arm deserves assessment.

A practical rule

Build the shoulder you need for your life. A gardener, swimmer, mechanic, parent, and desk worker may all need different combinations of motion and strength.

CHAPTER 7

Hips & Knees: Keep the System Moving

Mobility and strength work together every time you walk, climb, squat, or stand.

Hips and knees share the workload of daily life. When one area is irritated, people often change the way they walk or move, which can shift demand elsewhere. Rather than obsessing over one muscle, think about the whole task: ankle motion, hip strength, balance, confidence, and overall activity level all matter.

Simple lower-body menu

- Sit-to-stand from a stable chair: 5-10 comfortable repetitions.
- Supported mini-squat while holding a counter: 5-10 repetitions.
- Standing hip abduction: move one leg slightly out to the side without leaning, 5-10 each side.
- Calf raises while holding support: 8-15 repetitions.
- Easy walking: start with a duration you tolerate well and build gradually.

A little muscular effort is expected. Sharp joint pain, significant swelling, locking, repeated giving way, or inability to bear weight after an injury changes the picture and may require evaluation.

> **Use the next-day test**
>
> After a new exercise, ask how you feel later that day and the next morning. A mild temporary response may be acceptable; a large, lasting flare means the dose was too high.

Keep daily tasks in the program

Stairs, getting off the floor, carrying groceries, and standing from a low chair are real-world strength tests. Practice easier versions of the tasks you want to preserve.

CHAPTER 8

Walking: The Underrated Recovery Tool

Simple, scalable, and available almost everywhere.

Walking is not a cure-all, but it is one of the most practical ways to maintain activity during many musculoskeletal problems. It loads the hips, knees, ankles, trunk, and cardiovascular system without requiring complicated equipment.

Find your starting dose

Choose a duration that feels almost too easy. If 20 minutes causes a flare, start with 5 or 10. If continuous walking is difficult, use several short walks. Increase time gradually when your body is handling the current dose well.

- Comfortable pace first; speed can come later.
- Use supportive footwear that feels good to you rather than chasing a universal “best” shoe.
- Hills and uneven ground increase demand - add them after flat walking is going well.
- If balance is limited, choose a safe environment and appropriate support.

> **Consistency wins**
>
> Ten minutes most days is often more useful than one exhausting session followed by several inactive days.

Make it automatic

Attach walking to something you already do: after breakfast, after lunch, after work, or after dinner. The best plan is the one that survives a busy week.

CHAPTER 9

Strength Is Part of Mobility

Mobility is not just how far you can move - it is how well you can control and use that range.

Stretching gets most of the attention when people feel tight, but strength often improves the way movement feels. Stronger muscles can make stairs, lifting, reaching, and getting off the floor require a smaller percentage of your maximum effort.

A basic twice-weekly foundation

- Sit-to-stand or squat variation.
- Wall push-up or countertop push-up.
- Row with a resistance band, if available.
- Calf raise.
- Carry an appropriately weighted object for a short distance.
- A balance exercise near stable support.

Start with 1-2 sets of 6-12 controlled repetitions for exercises that are appropriate for you. Leave a few repetitions “in the tank” rather than training to exhaustion. As the exercise becomes easy, add repetitions, resistance, range, or another set - one variable at a time.

> **Strength training should be scaled, not feared**
>
> Age is not a reason to avoid resistance exercise. It is a reason to choose an appropriate starting point and progress thoughtfully.

What soreness means

New exercise can cause temporary muscle soreness, especially 24-48 hours later. Severe pain, marked swelling, loss of function, or symptoms that feel distinctly wrong are different and should not be dismissed as ordinary soreness.

CHAPTER 10

Heat, Ice & Other Home Strategies

Comfort tools can help, but they should support recovery rather than become the whole plan.

Heat and ice are mainly symptom-management tools. Neither is mandatory for every injury, and there is no need to turn the choice into a rigid rule. Many people prefer cold for a hot, acutely irritated area and warmth for stiffness or muscle guarding. Comfort is a reasonable guide when there is no medical reason to avoid either.

Use them safely

- Protect the skin with a layer of cloth.
- Use brief sessions rather than falling asleep on a heating pad or ice pack.
- Check the skin regularly.
- Avoid extreme temperatures over areas with impaired sensation or circulation unless your healthcare professional has advised you otherwise.

Other useful tools

- Gentle movement and walking.
- Temporary activity modification.
- Relaxed breathing to reduce unnecessary muscle tension.
- A supportive position for sleep or rest.
- A gradual return to normal loading.

> **Comfort is not the same as cure**
>
> A strategy can be worthwhile because it helps you move or sleep more comfortably even if it does not "fix" the underlying issue by itself.

If you use over-the-counter medication, follow the label and check with a pharmacist or healthcare professional when you have medical conditions, take other medications, are pregnant, or are unsure whether a product is safe for you.

CHAPTER 11

Sleep, Pillows & Recovery

You do not need one magical sleep position - you need a setup you can tolerate consistently.

Sleep influences pain sensitivity, energy, exercise tolerance, and recovery. At the same time, pain can make sleep harder, creating an unpleasant loop. Improving the setup and the routine around sleep can be more realistic than searching endlessly for a perfect mattress or pillow.

Position ideas

- Side sleepers may like a pillow between the knees and a head pillow that fills the space between shoulder and head.
- Back sleepers may prefer a pillow under the knees during a back-pain flare.
- Stomach sleeping can be comfortable for some people, but if it repeatedly aggravates the neck or back, experiment with another position.
- Use pillows as adjustable supports rather than assuming one shape fits everyone.

Better sleep habits support recovery

- Keep wake time reasonably consistent.
- Reduce bright screens and stimulating work near bedtime when possible.
- Keep the room dark, quiet, and comfortable.
- Avoid turning every nighttime ache into a test of whether you are “damaging” yourself. Change position and settle again.

> **The pillow test**
>
> A good pillow is one that lets you sleep comfortably and wake reasonably well. Price, branding, and complicated contours do not guarantee that it is right for you.

Persistent sleep problems, loud snoring with breathing pauses, or severe daytime sleepiness deserve medical attention independent of musculoskeletal pain.

CHAPTER 12

When Imaging Helps - and When It May Not

An image is most useful when it can answer a specific question and change what happens next.

X-rays, ultrasound, CT, and MRI can be extremely useful. They can also show age-related or incidental findings that are not necessarily the source of pain. That is why imaging should be interpreted alongside your history, examination, symptoms, and functional changes rather than treated as a stand-alone verdict.

Imaging may be especially useful when

- There has been significant trauma or fracture is a concern.
- Progressive neurological symptoms are present.
- A serious underlying condition is suspected.
- Symptoms are persistent or atypical and the result could change management.
- A specific soft-tissue, joint, or structural question needs clarification.

For many uncomplicated aches and pains, immediate imaging does not automatically improve recovery. Sometimes a careful examination and a period of appropriate conservative management provide more useful information first.

> **Words on a report are not your identity**
>
> Terms such as degeneration, bulge, arthritis, tendinopathy, or tear need context. Ask: How significant is it? Does it match my symptoms? What can I safely do? What would change the plan?

Bring questions to the conversation

If you receive an imaging report, write down the terms you do not understand. A good explanation should connect the finding to your symptoms and next steps without using fear as a treatment strategy.

CHAPTER 13

When Pain Deserves Prompt Attention

Most everyday aches are not emergencies. Some patterns should not be managed with a home routine alone.

Seek urgent or emergency care when symptoms suggest a potentially serious problem. This list cannot cover every situation, so use judgment and seek help when something feels severe, rapidly changing, or medically concerning.

Examples of warning signs

- Chest pain, severe shortness of breath, fainting, or symptoms suggestive of a medical emergency.
- New or rapidly progressive weakness, major loss of coordination, or difficulty walking.
- New loss of bladder or bowel control, or numbness in the groin/saddle region.

- Severe pain after significant trauma, especially with deformity or inability to bear weight.
- Fever, chills, unexplained weight loss, or feeling systemically ill along with significant musculoskeletal pain.
- A hot, markedly swollen joint, especially with fever or illness.
- A sudden severe headache, new neurological symptoms, or unusual neck pain with concerning symptoms.

Prompt but non-emergency evaluation

You should also consider a timely appointment for pain that steadily worsens, repeatedly wakes you and is not position-dependent, persists without meaningful improvement, causes recurrent giving way or locking, or keeps you from normal daily activities despite sensible self-care.

> **When in doubt, ask**
>
> You do not need to prove that something is serious before seeking care. If the pattern is unusual for you or you are concerned, getting appropriate advice is reasonable.

CHAPTER 14

Your 10-Minute Daily Mobility Routine



A simple whole-body sequence for days when you need an easy place to start.

This routine is intentionally uncomplicated. None of the movements should be forced. Use a smaller range, fewer repetitions, or skip an exercise if it does not agree with you. Hold a stable surface when balance is a concern.

1 minute - Easy walk

Walk around the room, hallway, or outside at a comfortable pace.

1 minute - Shoulder rolls + reach

Roll the shoulders slowly 5 times, then reach both arms overhead 5 times if comfortable.

1 minute - Neck motion

Turn left/right gently, then nod up/down within a comfortable range.

1 minute - Trunk rotation

With arms relaxed, rotate the upper body left/right without forcing the low back.

1 minute - Hip hinge

Hands on thighs; push the hips slightly backward and return to standing, 8-10 times.

2 minutes - Sit-to-stand

Stand from a stable chair and sit with control. Rest as needed.

1 minute - Calf raises

Hold a counter and rise onto the balls of the feet, then lower slowly.

1 minute - Supported hip motion

Hold support and move each leg gently forward/back and side-to-side.

1 minute - Easy walk + breathing

Finish with relaxed walking and slow breathing.

> **Your body sets the range**
>
> The routine should leave you feeling the same or better overall. It is not a flexibility test and there is no prize for pushing farther.

Make it yours

If one or two movements consistently help, keep them. If another repeatedly aggravates symptoms, replace it with a comfortable movement that serves a similar purpose. Personalization is a feature, not a failure.

CHAPTER 15

The 7-Day Move Better Challenge

Seven days of small actions designed to build momentum without turning wellness into a second job.

Day 1 - Notice

Take three short movement breaks today. Write down when your body feels stiffest.

Day 2 - Walk

Complete one comfortable walk. Stop while you still feel capable of doing a little more.

Day 3 - Mobilize

Do the 10-minute routine, or a shortened version that fits your day.

Day 4 - Strengthen

Complete 1-2 easy sets of sit-to-stands, wall push-ups, and calf raises.

Day 5 - Change your environment

Adjust one recurring setup: desk, car seat, favorite chair, phone position, or sleep support.

Day 6 - Practice a real task

Choose something you want to do better - stairs, carrying groceries, getting off the floor - and practice an easier version.

Day 7 - Review

Look back. What improved? What irritated you? Which two habits are realistic enough to continue next week?

> **The challenge is not a detox or a cure**
>
> Its purpose is to help you collect information, move regularly, and identify a couple of habits worth keeping.

My two habits to continue

☐ _____

☐ _____

CHAPTER 16

Build Your Personal Pain & Mobility Plan

Turn what you have learned into a plan simple enough to use.

The best plan is specific. “I need to stretch more” is vague. “I will walk for 10 minutes after lunch on Monday, Wednesday, Friday, and Saturday” is something you can actually follow and evaluate.

My current priorities

☐ Move with less stiffness

☐ Walk farther or more comfortably

☐ Sleep more comfortably

☐ Return to exercise

☐ Improve strength

☐ Tolerate work or driving better

☐ Get back to a hobby or sport

☐ Other: _____

My baseline

An activity I can currently do comfortably:

_____

An activity I want to improve:

_____

A movement that usually helps:

_____

A movement or situation that tends to aggravate symptoms:

_____

A warning sign or change that would make me seek evaluation:

_____

My weekly plan

Habit	Days	Starting dose	How I’ll progress

Review every 1-2 weeks

If you are improving, progress gradually. If you are stuck, worsening, or unsure what to do next, that is a good time to get individualized guidance.

The big idea

You do not need to control every sensation or engineer a perfect body. Aim for enough movement, enough strength, enough recovery, and enough confidence to keep participating in the life you want.

About Dr. Adam Roussel



Dr. Adam Roussel is a chiropractor and clinic owner in Destrehan, Louisiana. His professional background combines chiropractic care, rehabilitation, orthopedics, neuromusculoskeletal medicine, and occupational therapy, with an emphasis on helping patients understand their condition and make practical decisions about movement and recovery.

Education & Advanced Training

- Doctor of Chiropractic, Life University - graduated Cum Laude
- Master of Occupational Therapy, LSU Health Sciences Center New Orleans
- Bachelor of Science in Kinesiology, Louisiana State University
- Residency training, University of Bridgeport - Orthopedics and Neuromusculoskeletal Medicine
- Diplomate, International Academy of Neuromusculoskeletal Medicine (DIANM)
- Board-Certified in Orthopedics & Neuromusculoskeletal Medicine (IANM)
- Currently completing fellowship training in diagnostic musculoskeletal ultrasound

He practices at Riverbend Family Chiropractic in Destrehan, Louisiana, where patient education is an important part of care.

A final note from Dr. Roussel

Movement does not have to be complicated. Start with what you can do, build gradually, and pay attention to function. If something does not make sense or your symptoms are not following the course you expected, ask for help.

Keep This Guide

Return to it when you have a flare-up, start a new exercise routine, change your work setup, or simply need a reminder that progress is usually built from small, repeatable decisions.

MOVE BETTER. FEEL BETTER.

Keep moving. Build capacity. Stay curious about what your body can do.

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