# International Journal of Clinical Science and Medical Research

ISSN(print): 2770-5803, ISSN(online): 2770-582X

Volume 05 Issue 03 March 2025

DOI: <a href="https://doi.org/10.55677/IJCSMR/V5I3-07/2025">https://doi.org/10.55677/IJCSMR/V5I3-07/2025</a>, Impact Factor: 8.005

Page No: 82-85



# Role of Physical Therapy in Managing Restless Leg Syndrome

#### Isha Bhonde

Jersey City, USA

ABSTRACT Published Online: March 31, 2025

Restless Leg Syndrome (RLS) is a neurological disorder that is sensorimotor in nature characterized by a sudden and uncontrollable urge to move the legs. <sup>[1]</sup> The syndrome was described by Swedish neurologist Ekbom for the first time in the year 1945. <sup>[2]</sup> It is characterised by unpleasant sensations in the legs (paraesthesia). <sup>[3]</sup> Various different therapies and techniques can be used for the treatment of RLS like compression devices, light therapy, acupuncture, exercise therapy, yoga. <sup>[4]</sup> Physical therapy plays a crucial role in the management of RLS by addressing underlying musculoskeletal issues, improving circulation, and promoting relaxation. Key interventions include targeted stretching, aerobic and strengthening exercises, massage therapy, and relaxation techniques such as yoga and tai chi. <sup>[5][6]</sup> These interventions help reduce the severity and frequency of symptoms, enhance sleep quality, and improve overall quality of life. Physical therapy, as part of a multidisciplinary approach, can significantly benefit individuals with RLS by complementing pharmacological treatments and lifestyle modifications.

#### **KEYWORDS:**

Restless leg syndrome, physical therapy, exercises, strengthening, streching

## INTRODUCTION

Restless Leg Syndrome (RLS) is a neurological condition that is characterized by a sudden and irresistible urge to move the legs, often accompanied by uncomfortable sensations. The uncomfortable sensations are commonly described as burning, creeping, tingling, aching kind of sensations usually between the ankle and leg. [7][8] The condition mostly affect the legs but in some rare cases it can affect the hands. [9] These symptoms typically worsen during periods of inactivity and can significantly disrupt sleep and daily activities. RLS is a common cause of insomnia, contributing to difficulties with falling asleep, staying asleep, unrefreshing sleep that can lead to excessive daytime sleepiness. [10] Prevalence ranges between 3% and 9% in the general population. [11] The condition can be observed in any age group but the prevalence increases with age, and is more prevalent in women as compared to men. [8] It is more commonly seen in western industrial countries as compared to the Asian countries. [7] The condition is defined by a standard four key diagnostic criteria that was introduced in the year 1995: presence of abnormal sensations with a sudden urge to move, sensations

Corresponding Author: Isha Bhonde

\*Cite this Article: Isha Bhonde (2025). Role of Physical Therapy in Managing Restless Leg Syndrome. International Journal of Clinical Science and Medical Research, 5(3), 82-85 that are worsened by rest, relieved by some movement and are worst at night. [3][7] As per the researcher who first pointed out about this condition states that it is commonly seen in pregnancy and later can be a symptom of iron deficiency, folic acid deficiency, in carcinoma and in blood donors. [3] RLS can be primary where it occurs without any presence of any other condition. While secondary RLS occurs secondary to the presence of some other condition like Parkinson's disease, Multiple Sclerosis, Rheumatoid Arthritis, etc. [3] Treatment of RLS can be injections of folic acid or B12, iron in order to fulfil the deficiency. Pharmaceutical drugs like dopaminergic drugs (most common levodopa), dopamine receptor agonists (pramipexole, ropinirole), opioids, benzodiazapines, antiepileptics have been choice of medications for managing the condition. [3][12] On other hand non pharmacological treatment involves regular exercises, cryotherapy, vibrating pads, yoga, compression devices, acupuncture. [13]

Physical therapy is important for managing Restless Leg Syndrome (RLS) as it helps alleviate symptoms, improve circulation, and enhance overall quality of life. Through targeted stretching, strengthening, and aerobic exercises, physical therapy reduces muscle tension and promotes blood flow, which can ease discomfort. Relaxation techniques and neuromuscular re-education help calm the overactive nervous system, while posture and ergonomic training address any

# Isha Bhonde, Role of Physical Therapy in Managing Restless Leg Syndrome

contributing biomechanical issues. Additionally, physical therapists provide patient education on lifestyle modifications and stress management, empowering individuals to minimize triggers and better manage their condition. While not a cure, physical therapy serves as a holistic, non-invasive approach to reduce the severity and frequency of RLS symptoms.

# Detailed physical therapy interventions for RLS: Stretching:

Stretching can help reduce Restless Leg Syndrome (RLS) symptoms by reducing muscle tension, improving blood flow, and calming overactive nerves. Stretching the legs, particularly the calves, hamstrings, and quadriceps, relieves muscle tension that can contribute to the uncomfortable sensations associated with RLS. It also enhances circulation, delivering oxygen and nutrients to the muscles and helping to flush out metabolic waste that might aggravate symptoms. [14] Additionally, the rhythmic and controlled movements involved in stretching can soothe the nervous system, reducing the restlessness and twitching often experienced at night. Incorporating stretching into a daily routine, especially before bed, can promote relaxation and improve sleep quality, making it a valuable tool in managing RLS.

#### Strengthening Exercises:

Strengthening exercises can help reduce Restless Leg Syndrome (RLS) symptoms by improving muscle stability, enhancing circulation, and reducing muscle imbalances that may contribute to discomfort. Stronger muscles support better overall blood flow to the legs, which can help alleviate the tingling or "creepy-crawly" sensations associated with RLS. Additionally, strengthening the lower body—such as the calves, hamstrings, and glutes—can correct any imbalances or weaknesses that might exacerbate muscle tension or fatigue. By improving neuromuscular control, strengthening exercises also help calm overactive nerve responses that can trigger RLS symptoms. A regular strengthening routine tailored to the individual's needs can promote better leg function, reduce restlessness, and enhance overall quality of life. [15] Complex exercises lunges, squats can be beneficial.

#### Aerobic Exercise:

Aerobic exercises can help reduce Restless Leg Syndrome (RLS) symptoms by improving circulation, promoting relaxation, and enhancing overall physical and mental wellbeing. Activities like walking, swimming, or cycling increase blood flow to the legs, delivering oxygen and nutrients to muscles while flushing out waste products that can irritate nerves and exacerbate RLS. [15] Aerobic exercise also triggers the release of endorphins, which can reduce discomfort and promote relaxation. Furthermore, regular aerobic activity can help regulate the sleep-wake cycle, reduce stress, and improve sleep quality, all of which are critical for managing RLS. Engaging in low-impact aerobic exercises for at least 20-30 minutes a few times a week is

often recommended for symptom relief without overexerting the muscles. Activities such as walking, cycling, swimming, or low-impact aerobics are recommended.

#### Massage Therapy:

Massage therapy can reduce Restless Leg Syndrome (RLS) symptoms by relaxing muscles, improving blood flow, and calming the nervous system. Gentle or deep massage helps release muscle tension and alleviate the discomfort associated with the "creepy-crawly" sensations of RLS. By enhancing circulation, massage delivers more oxygen and nutrients to the tissues and removes waste products that may contribute to symptoms. Additionally, the therapeutic touch stimulates the production of endorphins, which help reduce pain and promote relaxation. Massage therapy can also lower stress levels, which is important since stress often worsens RLS. Regular sessions, especially before bedtime, can ease restlessness and improve sleep quality, making it an effective complementary treatment for RLS.

#### Neuromuscular Electrical Stimulation (NMES):

Neuromuscular Electrical Stimulation (NMES) can help reduce Restless Leg Syndrome (RLS) symptoms by stimulating the muscles and nerves in the legs to improve circulation, reduce muscle tension, and calm overactive neural pathways. NMES delivers small electrical impulses to targeted muscle groups, causing them to contract and relax rhythmically. [16] This helps increase blood flow, delivering oxygen and nutrients to the tissues and flushing out waste products that might exacerbate symptoms. Additionally, the repeated stimulation can relax tight muscles, reduce cramping, and distract the nervous system from the uncomfortable sensations of RLS. NMES may also modulate nerve activity, helping to "reset" abnormal nerve signalling that contributes to restlessness.

#### Relaxation Techniques:

Stress and anxiety are known to exacerbate RLS symptoms. Incorporating techniques like **deep breathing**, **progressive muscle relaxation**, and **meditation** can activate the parasympathetic nervous system, helping to counteract the overactive neural signals that contribute to RLS. [15] By consciously relaxing the body, these techniques reduce muscle tension, which can diminish sensations like crawling or twitching in the legs. Additionally, relaxation methods help improve sleep quality by reducing the anxiety and stress that often exacerbate RLS symptoms, making them particularly effective when practiced before bedtime.

#### Posture and Ergonomics:

Good posture and ergonomics can help reduce Restless Leg Syndrome (RLS) symptoms by reducing strain on the muscles and nerves, promoting better circulation, and preventing the muscle imbalances that may exacerbate discomfort. When sitting or standing with proper posture, the body maintains

# Isha Bhonde, Role of Physical Therapy in Managing Restless Leg Syndrome

optimal alignment, which helps avoid tension or compression in the legs and lower back. Poor posture, such as slouching or sitting with crossed legs for prolonged periods, can restrict blood flow, aggravating RLS symptoms. Ergonomic adjustments—such as using chairs that support proper posture, keeping the feet flat on the floor, or adjusting the height of workstations—can ensure that the body is positioned in a way that minimizes muscle fatigue and promotes optimal blood flow. Additionally, regularly changing positions and avoiding prolonged periods of immobility can help prevent the muscles from becoming stiff or overactive, which is often a trigger for RLS.

## Sleep Hygiene Education:

Since RLS symptoms often worsen at night, improving sleep hygiene is crucial. Educating patients on maintaining a regular sleep schedule, creating a comfortable sleep environment, use of smooth and non-irritating sheets, using stockings at night can help reduce sleep disturbances associated with RLS. [17]

#### Patient Education and lifestyle modifications:

Patient education for reducing Restless Leg Syndrome (RLS) focuses on lifestyle modifications and self-care strategies to manage symptoms. Patients should establish a consistent sleep routine, use of smooth non-irritating sheets, creating a relaxing environment and avoiding stimulants like caffeine or alcohol in the evening can be helpful. Understanding the importance of regular physical activity, stress management, and adherence to treatment plans can enhance the effectiveness of physical therapy interventions.

## CONCLUSION

In conclusion, physical therapy plays a vital role in reducing the symptoms of Restless Leg Syndrome (RLS) by addressing both the muscular and neurological factors that contribute to discomfort. Through targeted exercises, including stretching, strengthening, and aerobic activities, physical therapy helps improve circulation, relax tense muscles, and enhance overall leg function. Additionally, techniques like massage, neuromuscular re-education, and relaxation methods can calm the nervous system and reduce the restlessness associated with RLS. By incorporating physical therapy into a comprehensive treatment plan, individuals can experience lasting symptom relief, improved mobility, and a better quality of life. A multidisciplinary approach, often in collaboration with other healthcare providers, ensures comprehensive care for individuals with RLS.

## REFERENCES

 Manconi, M., Garcia-Borreguero, D., Schormair, B., Videnovic, A., Berger, K., Ferri, R., & Dauvilliers, Y. (2021). Restless legs syndrome. *Nature reviews Disease primers*, 7(1), 80.

- Allen, R. P., Picchietti, D., Hening, W. A., Trenkwalder, C., Walters, A. S., & Montplaisi, J. (2003). Restless legs syndrome: diagnostic criteria, special considerations, and epidemiology: a report from the restless legs syndrome diagnosis and epidemiology workshop at the National Institutes of Health. Sleep medicine, 4(2), 101-119.
- 3. Ekbom, K., & Ulfberg, J. (2009). Restless legs syndrome. *Journal of internal medicine*, 266(5), 419-431.
- Xu, X. M., Liu, Y., Jia, S. Y., Dong, M. X., Cao, D., & Wei, Y. D. (2018). Complementary and alternative therapies for restless legs syndrome: an evidence-based systematic review. Sleep medicine reviews, 38, 158-167.
- Çoban, Ö., Ün Yıldırım, N., Yaşa, M. E., & Sonkaya, A. R. (2023). Effects of Different Exercise Programs on Symptoms, Sleep, and Quality of Life in Patients with Primary Restless Legs Syndrome. *Movement Disorders Clinical Practice*, 10(9), 1349-1359.
- Harrison, E. G., Keating, J. L., & Morgan, P. E. (2019). Non-pharmacological interventions for restless legs syndrome: a systematic review of randomised controlled trials. *Disability and* rehabilitation, 41(17), 2006-2014.
- Allen, R. P., Walters, A. S., Montplaisir, J., Hening, W., Myers, A., Bell, T. J., & Ferini-Strambi, L. (2005). Restless legs syndrome prevalence and impact: REST general population study. *Archives of internal medicine*, 165(11), 1286-1292.
- 8. Ohayon, M. M., O'Hara, R., & Vitiello, M. V. (2012). Epidemiology of restless legs syndrome: a synthesis of the literature. *Sleep medicine reviews*, 16(4), 283-295.
- 9. Chaudhuri, K. R., & Meilak, C. (2004). What is restless legs syndrome?. In *Restless Legs Syndrome* (pp. 13-20). CRC Press.
- 10. Leschziner, G., & Gringras, P. (2012). Restless legs syndrome. *Bmj*, *344*.
- 11. Trenkwalder, C., Paulus, W., & Walters, A. S. (2005). The restless legs syndrome. *The lancet neurology*, 4(8), 465-475.
- 12. Gossard, T. R., Trotti, L. M., Videnovic, A., & St Louis, E. K. (2021). Restless legs syndrome: contemporary diagnosis and treatment. *Neurotherapeutics*, *18*(1), 140-155.
- 13. Harrison, E. G., Keating, J. L., & Morgan, P. E. (2019). Non-pharmacological interventions for restless legs syndrome: a systematic review of randomised controlled trials. *Disability and rehabilitation*, *41*(17), 2006-2014.
- 14. Bahgat, A. A. A. 2. Z., & Algendy, A. (2019). Effect of muscles stretching exercises on severity of restless legs syndrome of adult patients undergoing

# Isha Bhonde, Role of Physical Therapy in Managing Restless Leg Syndrome

- hemodialysis. Journal of Health, Medicine and Nursing. An International Peer-reviewed Journal, 68.
- Aukerman, M. M., Aukerman, D., Bayard, M., Tudiver, F., Thorp, L., & Bailey, B. (2006). Exercise and restless legs syndrome: a randomized controlled trial. *The Journal of the American Board of Family Medicine*, 19(5), 487-493.
- 16. Kumaran, B., Targett, D., & Watson, T. (2022). The effect of an 8-week treatment program using a novel foot neuromuscular electrical stimulator on physical function, leg pain, leg symptoms, and leg blood flow in community-dwelling older adults: a randomized sham-controlled trial. *Trials*, 23(1), 873.
- 17. Akbaş, P., & Yaman Sözbir, Ş. (2021). Non-pharmacological methods used in coping with restless leg syndrome (RLS): a systematic review. *Sleep and Biological Rhythms*, 19(3), 215-225.