THE SHISEI METHOD PRESENTS

DISC BULGE RECOVERY GUIDE

5 movements to calm pain, build confidence & start moving again

You've had the scan. You've seen the words.
You've probably been told to rest, be careful, or avoid bending.
This guide tells a different story.

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Before we start – let's talk about your scan.

You may have been told you have a disc bulge, a disc prolapse, a herniation, or perhaps degeneration. These terms are often used interchangeably, and they all sound more alarming than they need to. A disc bulge and a herniation describe roughly the same thing – a disc that has shifted or protruded slightly. Degeneration, meanwhile, is a word that makes many people feel their spine is crumbling when in reality it simply describes the normal wear that happens in everyone's body over time. The label matters less than you might think.

You've possibly spent hours reading about it online. And most of what you found probably made you more worried, not less.

Here's what your scan report may not have told you:

- Disc bulges appear on MRI scans in people with **no pain at all** – in many studies, this is the majority of people over 40.
- A disc bulge is a finding. It is not necessarily the *cause* of your pain, and it is not a life sentence.
- The relationship between what a scan shows and how much pain you feel is surprisingly weak. Two people with identical scans can have completely different experiences.
- Chronic back pain is defined as pain lasting more than three months. At this point, changes in the nervous system – not the disc itself – are often the main driver of what you're feeling.

So why does it hurt?

Think of your pain system like a smoke detector. A smoke detector does its job brilliantly – it warns you of danger. But it also goes off for burnt toast, not just fires. Your nervous system works in a similar way. With persistent back pain, it can become overly sensitive – sounding the alarm even when there is no actual damage happening. The pain is completely real. It is not in your head in the dismissive sense. But pain and damage are not the same thing.

Some discomfort during movement is okay. Research suggests that pain up to around a 5 or 6 out of 10 during exercise is generally safe. The useful question is: does it settle back to your normal baseline within 24 hours? If yes, you've probably pitched it about right. If it hasn't settled, dial back a little next time.

With chronic back pain – especially after a diagnosis – the nervous system can become oversensitive. It fires the alarm earlier and louder than it needs to. Movement that is perfectly safe starts to feel dangerous. This is not weakness. It is your nervous system doing its job, just a little too enthusiastically.

What about that stiffness first thing in the morning?

That familiar morning stiffness is largely down to fluid pressure in the disc overnight. Lying still allows the disc to absorb fluid and become slightly more sensitive. Within minutes of moving, that pressure eases and sensitivity drops. This is why movement helps – even when it feels like the last thing you want to do.

The most important reframe in this guide:

Moving carefully into ranges that feel unfamiliar is not doing any damage. It is teaching your nervous system that movement is safe. Every time you do that successfully, you update the brain's prediction – and pain begins to lose its grip.

Before you start – a note on medical clearance

These exercises are designed for people who have been assessed by a doctor or physiotherapist and have been given the go-ahead to exercise. If you are in severe or worsening pain, or have any new symptoms including loss of bladder or bowel control, significant leg weakness, or numbness in the saddle area, please seek medical advice before beginning.

How to use this guide

- Move with curiosity, not caution. Discomfort is information – not a stop sign.
- Do these daily, ideally 30 minutes or more after waking.
- Each session takes around 10–15 minutes. No equipment needed.
- During a flare-up: reduce range, reduce reps, slow everything down. But try to do something – rest alone rarely helps.
- Don't hold your breath. Breath-holding increases intra-abdominal pressure and is a sign you're working too hard. If you can't speak throughout, ease off.

01 EXPLORATORY BREATHING

Starting position: Lying on your back, knees bent, feet flat on the floor. A pillow under the knees is fine if that's more comfortable.

WHAT YOU'RE DOING & WHY

Persistent pain keeps the nervous system in a low-level state of alert. Slow, easy breathing is one of the most direct ways to begin shifting that. We are not controlling or forcing the breath here – we are simply noticing it. This is also where you begin to reconnect with your body without fear or expectation.

How to do it

1. Lie down and let your body settle. Close your eyes if that feels comfortable.
2. Place one hand on your lower ribs and one on your belly. Notice where the breath goes – without trying to change it.
3. Let the exhale be a little longer than the inhale. Not forced – just easy.
4. As you breathe out, notice whether your lower back releases slightly into the floor.
5. Spend 1–2 minutes here. There is nothing to get right.

Sets / Reps	Progression
1–2 minutes	Try this in sitting or standing – notice how the breath changes with body position.

Coach's note: *If your mind wanders, that's fine. Gently return your attention to the breath and the sensations in your back.*

02 PELVIC TUCK & BABY CAT

Starting position: Lying on your back, knees bent, feet flat – for the pelvic tuck. Then move to all fours (hands under shoulders, knees under hips) for the baby cat.

WHAT YOU'RE DOING & WHY

This is your first gentle movement into lumbar flexion – often the most feared direction with a disc bulge. We approach it slowly and with curiosity. The goal is not to stretch aggressively, but to explore what is available. Your brain is updating its prediction about bending every time you do this without consequence.

How to do it

Level 1 – Pelvic tuck (on your back)

1. Find a neutral spine – not arched, not flat. Simply your natural resting position.
2. Gently tuck your tailbone under, feeling the lower back press, or melt, very slightly towards the floor.
3. Return to neutral. This is a small movement – the goal is awareness, not effort.
4. Repeat 8–10 times. Breathe throughout.

Level 2 – Baby cat (on all fours)

The baby cat is the same movement as the pelvic tuck, now done on all fours. You have less feedback from the floor, and gravity acts differently – so it takes more awareness. Keep the movement small: a gentle tuck of the tailbone and a subtle lengthening and rounding of the lower back. Nothing further up the spine.

1. From your all-fours position, find neutral spine.
2. Gently tuck the tailbone under, allowing the lower back to round very slightly.
3. Return slowly to neutral. Exhale as you round, inhale as you return.
4. Repeat 8–10 times.

Sets / Reps	Progression
8–10 repetitions each level	Increase range gradually over days, not within a single session.

Coach's note: *Stay within a range that feels uncomfortable but not sharp. Sharp or shooting pain is a signal to reduce the range.*

03 SUPINE LEG SLIDE

Starting position: Lying on your back, knees bent, feet flat on the floor.

WHAT YOU'RE DOING & WHY

This exercise begins to wake up the hip and posterior chain – the muscles that support the lower back – in a fully supported position. It is deceptively simple. The brain feels safe, the muscles begin to engage, and you start building the foundation for the stronger movements that follow.

How to do it

1. Lie on your back, knees bent, feet flat. Find a comfortable neutral spine.
2. Key point: place your foot on something that slides – socks on a wooden floor, or a paper plate on carpet. The heel must stay supported and in contact with the floor throughout. Most people naturally want to lift the heel and float the leg – resist this.

3. Keeping your pelvis and back completely still, slowly slide one heel away from you along the floor until the leg is straight (or until you notice the pelvis or back moving)
4. Pause for a breath. Then slowly slide the heel back. Repeat on the other side.
5. If your lower back rocks or arches as the leg moves, you've gone too far. Reduce the range.

Sets / Reps	Progression
8–10 each side	**Progression – Tabletop leg (on all fours):** (1) In all-fours position, slide one toe slowly along the floor behind you, then return to the starting point, without letting the spine move. Maintain neutral throughout. If that feels manageable: (2) Flex the foot, press the leg away and lift it to hip height so it ends up in line with the spine (i.e. send the leg away & lift simultaneously). No movement in the lower back at any point.

Coach's note: *Focus on keeping the pelvis completely still as the leg moves.*

04 STANDING HIP HINGE

Starting position: Standing, feet hip-width apart.

WHAT YOU'RE DOING & WHY

Bending forward is often the movement people fear most with a disc bulge. The hip hinge teaches you to bend from the hips – not the lower back – loading the hamstrings and glutes rather than the lumbar spine. This is both a strength exercise and graded exposure to a feared movement. Every successful rep sends a message to your brain: this is safe.

How to do it

1. Stand tall, feet hip-width apart. Soften the knees very slightly – unlocked, not bent. Knees stay above the ankles throughout; they should not travel forward.
2. Optional: stand about a foot away from a wall so that as your hips move back, your bottom gently touches it. This is a helpful guide for the movement.
3. Place your hands on the fronts of your thighs. Push your hips backwards, letting your hands slide down your thighs as the trunk leans forward.
4. Keep your spine long throughout – imagine a straight line from your tailbone to the back of your head. You are not rounding forward.
5. You may feel the backs of your legs working into the hamstrings. This is the movement working as intended.
6. Hold for 3–5 seconds, then drive the hips forward to return to standing.
7. Start with a small range. Increase depth gradually over days, not within a session.

Sets / Reps	Progression
8–10 reps, 2–3 sets	Remove hands from thighs. Increase depth [if available]. Add light weight in time.

Coach's note: *If your lower back rounds or aches, you've gone too far. Come back up a few degrees and work from there.*

05 YTWL IN SQUAT

Starting position: Shallow squat – feet hip-width apart, weight in the heels, knees tracking over toes, trunk in neutral.

WHAT YOU'RE DOING & WHY

Most people with persistent back pain have upper and mid-back muscles that have quietly switched off – leaving the lower back to carry everything. This exercise wakes those muscles up. Done in a squat, the legs and hips are working to hold the position, which frees the arms to focus on the upper back. Rest after Exercise 4 before beginning this one – your legs and hips will have been working hard.

Take a short rest first.
Stand up, walk around for a minute or two, shake out any tension in the legs. Then return to your squat.

How to do it

Move through four positions with control. After each letter, return arms to hanging by your sides before moving into the next. Start with 1 rep of each letter, stand up briefly to reset, then go again. Build up to 3–5 reps of each letter before resetting.

1. **Y:** Raise both arms forward and up to form a Y shape. Feel the upper back engage. Return arms down.
2. **T:** Arms wide to the sides, palms down. Mid-back working. Return arms down.
3. **W:** Begin with arms bent like you're holding a tray – palms up, forearms parallel to the floor. Open the arms out to the sides, keeping the elbows bent. Imagine squeezing gently between the shoulder blades. Return arms down.
4. **L:** Elbows bent at your sides like a scarecrow. Holding that shape, rotate at the shoulder joint so the forearms come forward and up. Return arms down.

Sets / Reps	Progression
1 rep of each letter to start, building to 3–5 reps before resetting	Add very light weights (0.5–1kg) once the squat hold and movement feel comfortable.

Coach's note: *Keep the lower back still and the squat position steady throughout. If the squat itself is uncomfortable, do YTWL standing upright – you still get the upper back benefit.*

What happens next?

These five movements are a starting point – not a complete programme. If you've been living with back pain for months or years, your body has developed habits, compensations, and movement fears that take time and the right support to change.

These exercises are a good first step. But piecing it together on your own, trying to figure out what to do and when and how much, is exactly where most people get stuck. The people who make the biggest changes are usually those who stop trying to work it out alone and get a clear, personalised plan that actually fits them.

If that sounds like you – someone who's tried things, done the reading, maybe been through physio or had injections, and is still not where you want to be – this is the point where working 1:1 tends to make all the difference.

Common questions

Q: Is some discomfort during these movements normal?

Yes – and it doesn't mean you're causing damage. Discomfort in persistent back pain often reflects an oversensitive nervous system, not tissue injury. Work within a range that feels challenging but manageable. Sharp or shooting pain, or pain that doesn't return to your normal baseline within 24 hours, is a signal to reduce range or rest.

Q: How long before I feel a difference?

Some people notice a shift within a few days. For others it takes a few weeks of consistency. Progress is rarely linear – good days and harder days are both part of the process. The direction of travel matters more than any single session.

Q: Should I do these during a flare-up?

Yes, with modifications. Reduce the range, reduce the reps, and slow everything right down. Focus mainly on the breathing exercise. Do rest – but try to keep some movement in, even if it's minimal. Resting completely during a flare-up often makes things worse, not better.

Q: Do I need to avoid bending and lifting?

Not forever. Learning to hinge from the hips (Exercise 4) is the beginning of rebuilding confidence with forward-bending movements. The goal is always to expand what feels possible, not to protect you from it.

Ready to go further?

I work 1:1 with people who need more bespoke care and guidance than a generic guide can give. The people who tend to get the most out of working with me are those who have tried to piece things together themselves, are doing the reading and the exercises, but still feel stuck – and are ready for a clear plan that's built specifically around them.

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This guide is for educational purposes and does not replace medical advice. Always check with your doctor or healthcare provider before starting a new exercise programme. If you experience loss of bladder or bowel control, significant leg weakness, or numbness in the saddle area, seek medical attention immediately.