

# Balanced Body Pilates Instructor Training

## Pilates Mat 1: Essential Exercises

# Welcome!



Thank you for joining the  
Balanced Body Pilates Instructor  
Training Program.

This is the first step on your  
journey to becoming a confident,  
competent and inspiring Pilates  
Teacher.

Let's take a big breath and dive  
on in!

# Balanced Body Pilates Instructor Training Program Organization

Anatomy



Movement Principles



Mat

Mat 1

Mat 2

Mat 3: Enhanced Mat + Props



Reformer

Reformer 1

Reformer 2

Reformer 3



Apparatus

Apparatus 1 or Trapeze Table

Apparatus 2 or Chair

Apparatus 3 or Barrels

# Balanced Body Pilates Instructor Training Requirements for Completing Mat

## Prerequisites:

10 Pilates Mat Classes required

6 months experience recommended

Complete Movement Principles

Complete Mat Course Work

Mat 1

Mat 2

Mat 3

Complete 20 personal sessions, 15 observation hours and 35 student teaching hours

Take the final exam

## Mat 1

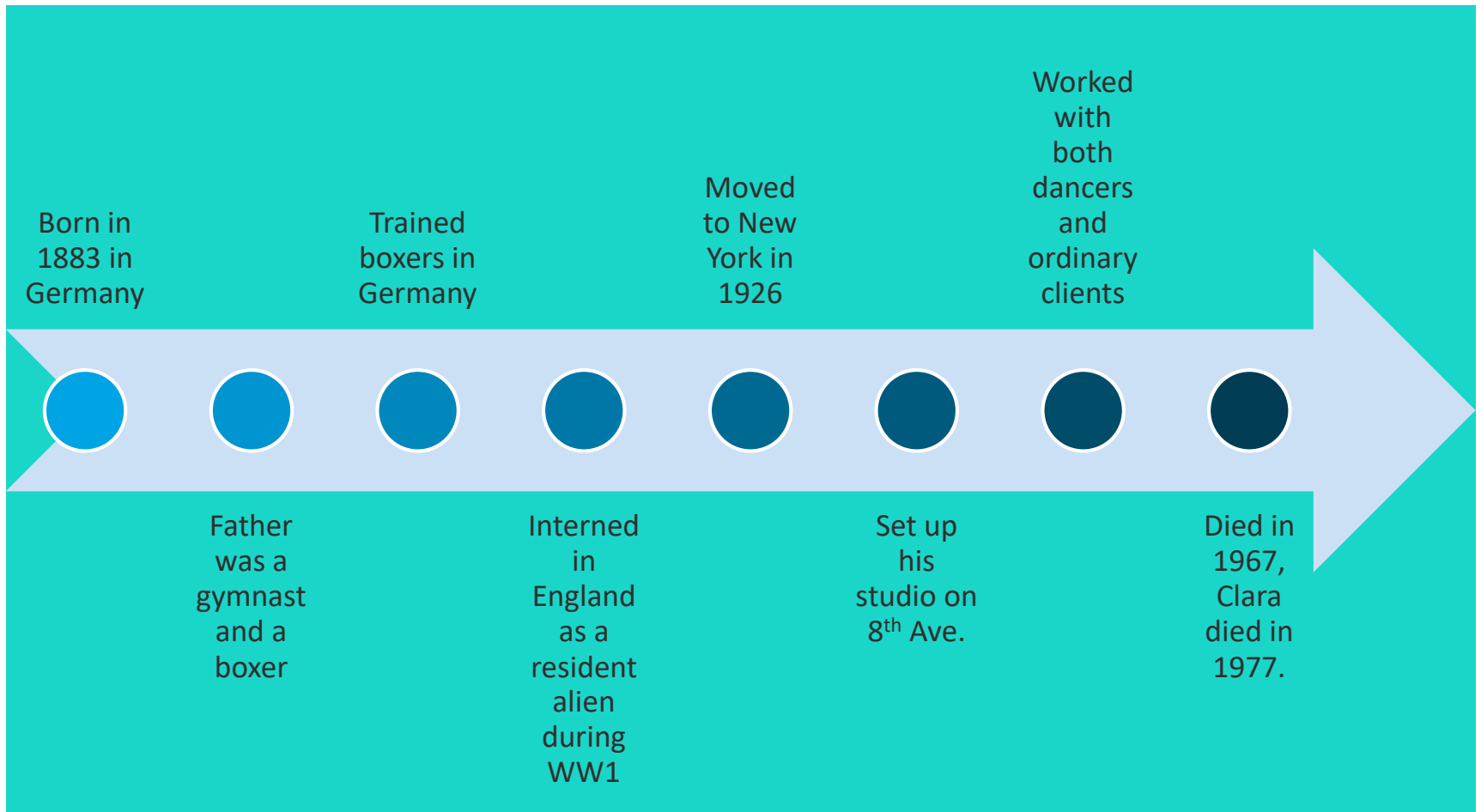
# Pilates: The Art and Science of Contrology

"Through Contrology you first purposefully acquire complete control of your own body and then, through proper repetition of its exercises, you gradually and progressively acquire that natural rhythm and coordination associated with all your mental and subconscious activities.

Contrology is designed to give you suppleness, natural grace and skill that will be unmistakably reflected in the way you walk, play and work. You will develop muscular power with corresponding endurance, ability to perform arduous duties, to play strenuous games, to walk, run or travel for long distances without undue body fatigue or mental strain." – Joseph H. Pilates

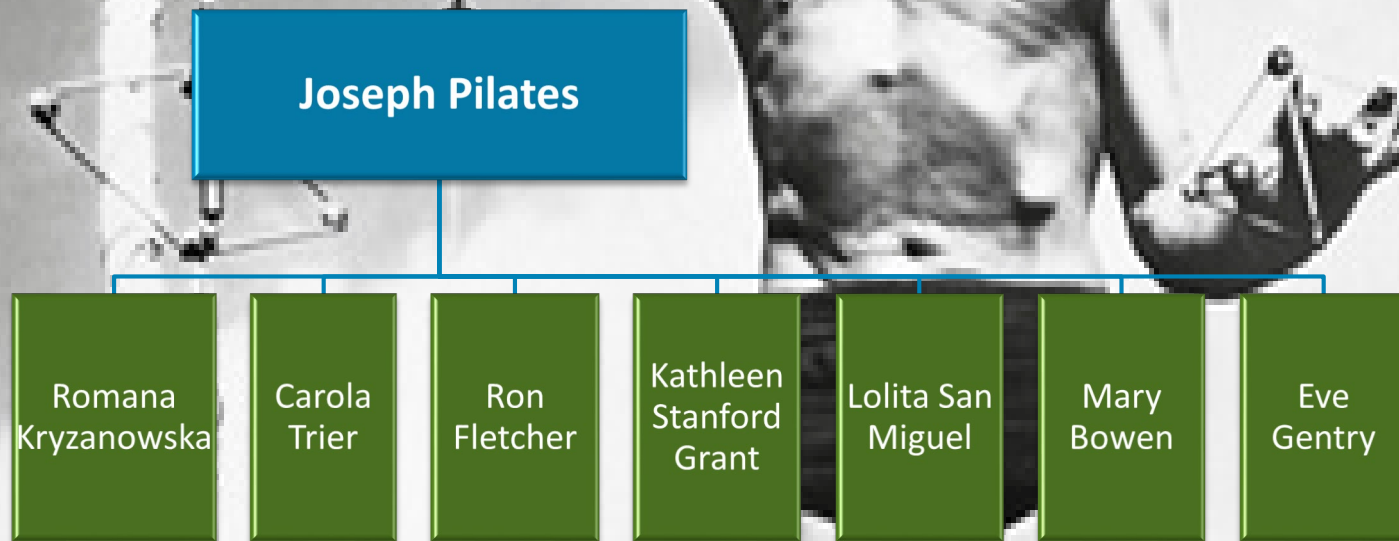


# A Brief History of Joseph Pilates



# The Pilates Family Tree

All of these teachers studied with Joseph Pilates and taught his work to the next generation. Without their dedication, the Pilates Method would not have survived.



# The Balanced Body Lineage

## 1<sup>st</sup> Generation

Ron Fletcher, Eve Gentry,  
Romana Kryzanowska, Carola  
Trier, Lolita San Miguel and  
Kathy Grant

## 2<sup>nd</sup> Generation

Michelle Larson,  
Alan Herdman, Jean  
Claude West, Marie-  
Jose Blom, Karen  
Clippinger and  
Elizabeth Larkam

The Pilates teachers,  
physiotherapists,  
doctors and patients  
at St. Francis  
Memorial Hospital  
Center for Sports  
Medicine, Dance  
Medicine Division





Mat 1

# Pilates Principles

Breathing

Concentration

Control

Centering

Precision

Balanced Muscle Development

Rhythm/Flow

Whole Body Movement

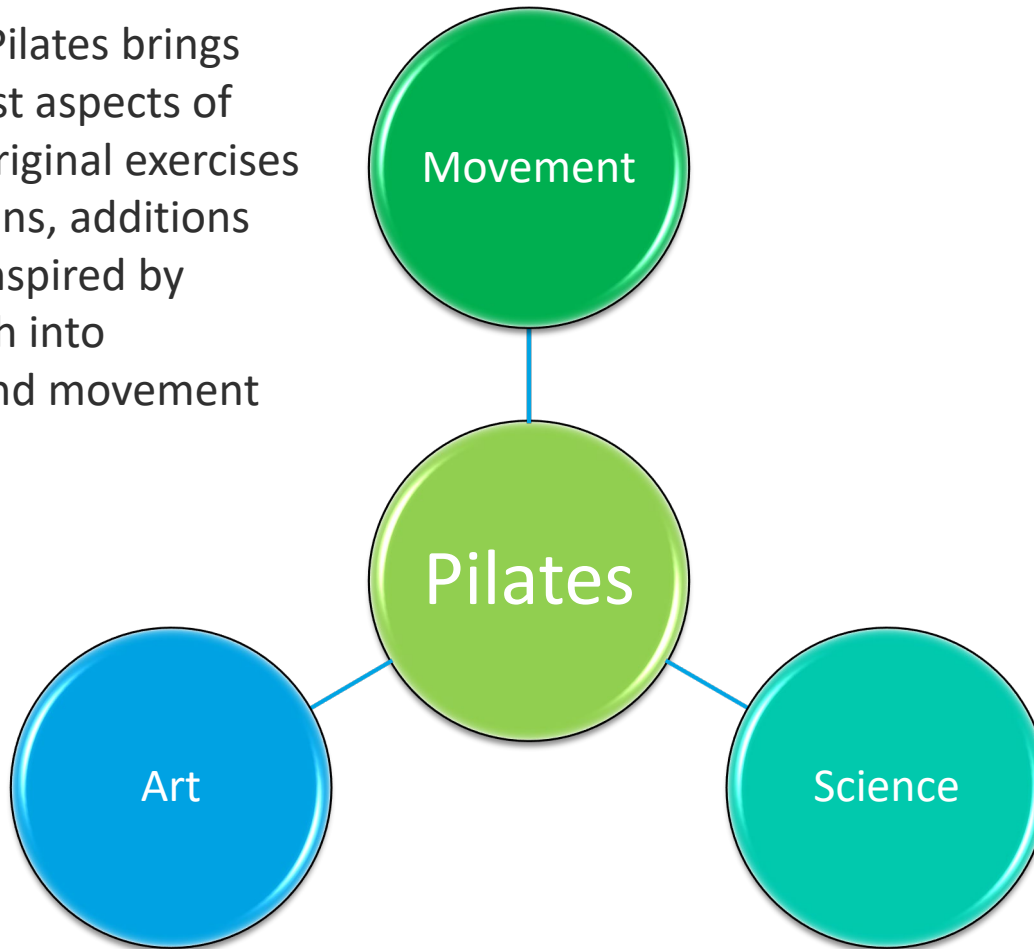
Relaxation



Mat 1

# Balanced Body Pilates

Balanced Body Pilates brings together the best aspects of Joseph Pilates original exercises with modifications, additions and variations inspired by modern research into biomechanics and movement science.



# Balanced Body Movement Principles

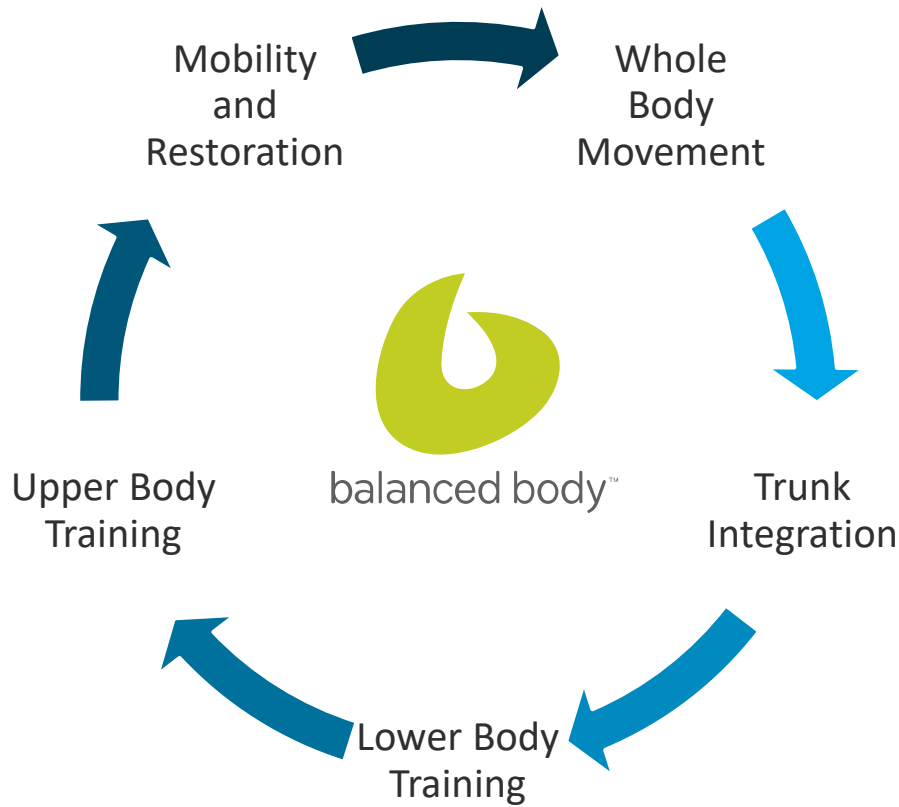
## Definition:

Balanced Body Movement Principles are the key anatomical and biomechanical concepts that underlie the Pilates Method.

The Movement Principles include the pre Pilates exercises illustrating the essential movements on which the repertoire is built.

Form the foundation for good movement in Pilates, in athletic activities and in daily life.

# Balanced Body Movement Principles



# Whole Body Movement

Pilates is a powerful exercise method for training whole body movement

The Pilates method includes exercises that address every area of the body separately and in functional combinations.

Pilates provides an environment where functional movement patterns can be easily replicated.

Pilates is appropriate for every body from injured clients to professional athletes.

# Trunk Integration

Pilates Mat focuses on training Trunk Integration in virtually every exercise



## Breathing

## Inner unit/Core work

- Transverse Abdominis, Multifidi, Pelvic Floor, Diaphragm

## Outer unit and lumbopelvic stability

- Anterior Oblique Sling, Posterior Oblique Sling, Deep Longitudinal System, Lateral System

## Spinal mobility

# Breathing

## On the Inhale

- » The diaphragm contracts.
- » The dome moves down.
- » The volume of the lungs increases and draws air in.
- » Abdominal pressure increases.
- » Pelvic floor responds.

## On the Exhale

- » The diaphragm relaxes.
- » The dome moves up.
- » The volume of the lungs decreases and air flows out.
- » Abdominal pressure decreases.
- » Transversus abdominis contracts.
- » Pelvic floor responds.

# Breathing Exercises

## Diaphragmatic Breathing

- Belly expands, relaxing, calming breath

## Posterolateral Breathing

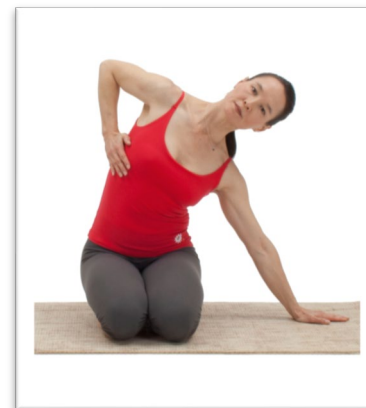
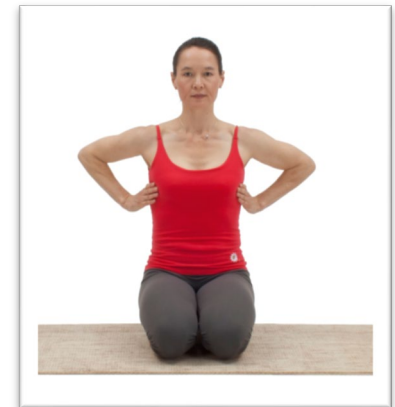
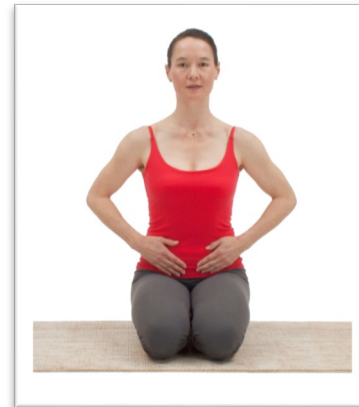
- Expands lung capacity, allows breathing with abdominal stability

## One Lung Breathing

- Improves lateral flexion, corrects imbalances

## Sniffing Breath (PPT Extra)

- Stimulating, rhythmic breath





Mat 1

# The Core or Powerhouse



The core, powerhouse or inner unit provides support to the lower spine during dynamic movement.

The elements of the core include:

- Diaphragm
- Transversus abdominis
- Multifidi
- Pelvic floor

The core stabilizes the spine through a complex series of interconnections between the fascia, the muscles and the bones.

Mat 1

# Transversus Abdominis

The first link in the chain, the transversus abdominis acts like a corset to draw in the abdominal muscles and decrease the diameter of the waist.

The fibers of the transversus abdominis wrap horizontally around the abdomen creating the deepest abdominal layer.



Mat 1

# Transverse Abdominis Exercises

Supine Fingertip  
Abdominals



All Fours  
Abdominals



# Rotatores and Multifidi

## Origin:

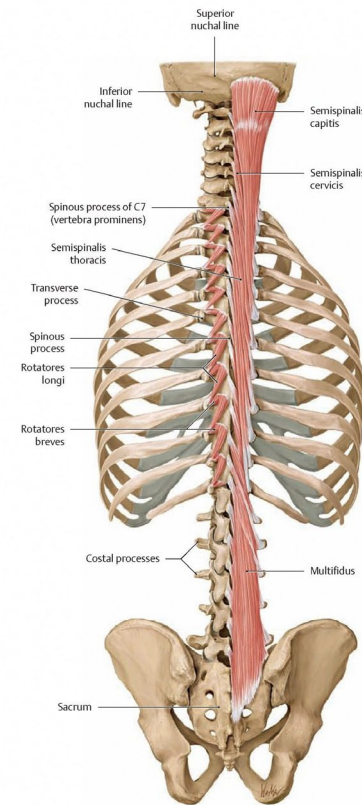
- Sacrum and transverse processes of lumbar through cervical vertebrae. Rotatores, thoracic vertebrae only\*.

## Insertion:

- Spinous processes of lumbar through 2<sup>nd</sup> cervical vertebrae. Rotatores span 1 – 2, multifidi span 2 – 4.

## Action:

- Torso extension, contralateral torso rotation, spinal segmental stabilization



D Medial tract of the intrinsic back muscles: the transversospinal system (rotatores breves and longi, multifidus, and semispinalis)

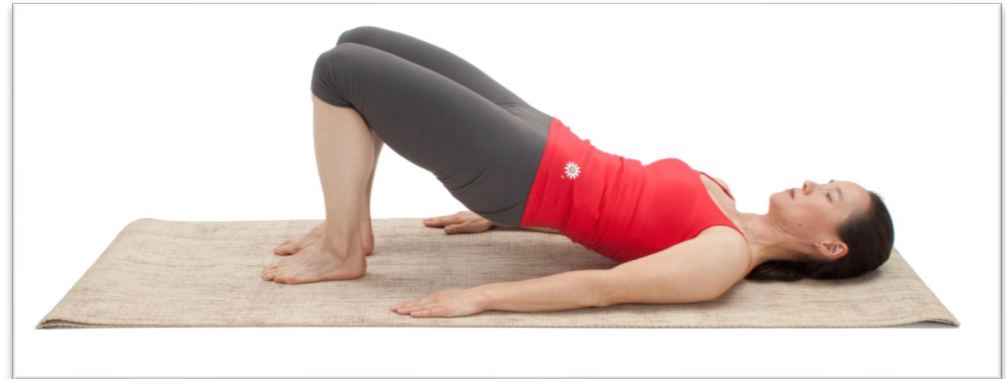
Illustrator: Karl Wesker pp. 122-123  
Schuenke et al. THIEME Atlas of Anatomy • General Anatomy and Musculoskeletal System  
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# Inner Unit Activation Exercises - Multifidi

## Flat Back Bridging

- Keep the spine relatively neutral as the hips rise to activate the multifidi.



# Inner Unit Activation Exercises - Multifidi

## Standing Multifidi Engagement

- Do both sides of the spinal muscles fire at the same time?

## Lunge with Weight Shift

- The muscles on the back leg side should (maybe) fire more easily.



# Thoracolumbar Fascia

When the transversus abdominis contracts, it creates tension on the thoracolumbar fascia which surrounds the following muscles:

- Multifidi
- Erector spinae
- Psoas
- Quadratus lumborum



## Mat 1

# Transverse Abdominis & Thoracolumbar Fascia

As the TA contracts and tightens the thoracolumbar fascia, the multifidi expand into the fascia creating a stabilizing support around the lumbar vertebrae.

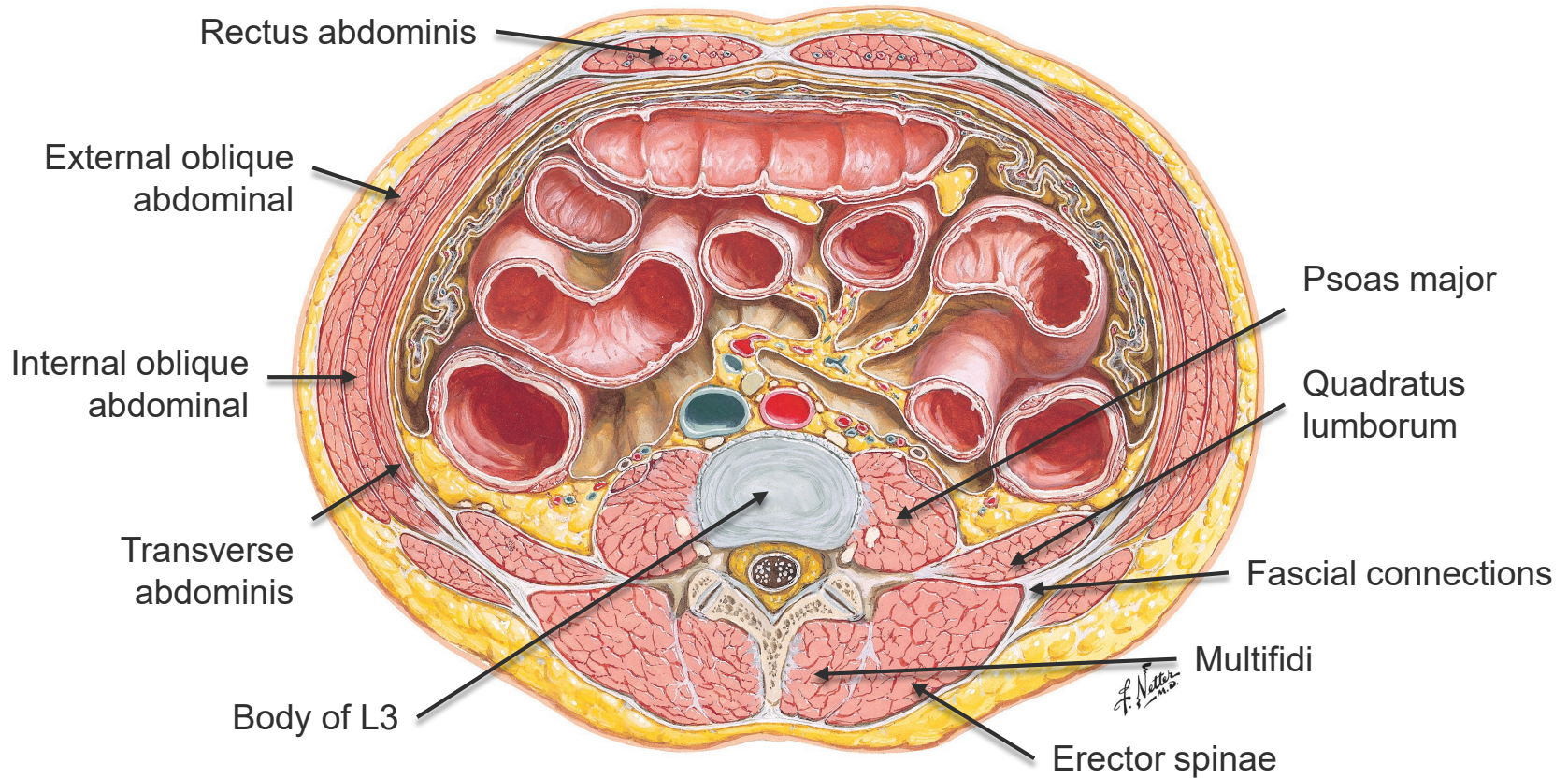
The fascia acts like a corset around the multifidi forcing the muscles to elongate vertically as it contracts.

This creates axial elongation or decompression of the vertebrae.





# Thoracolumbar Fascia



Cross section of the torso at L3

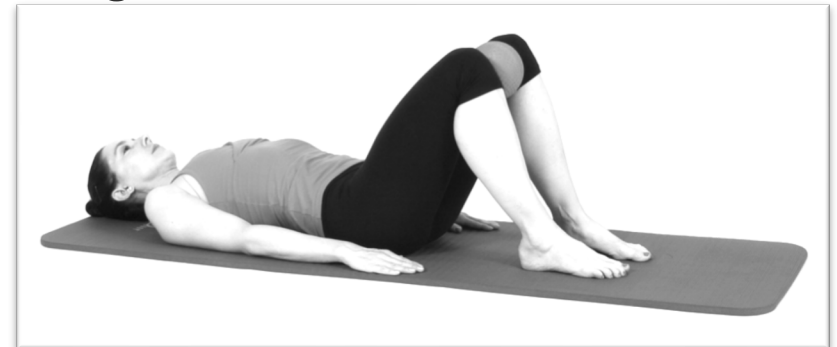
Mat 1

# Pelvic Floor

The pelvic floor acts in conjunction with the diaphragm to create the top and bottom of the cylinder formed by the transversus abdominis, the spine and the spinal muscles.

The purpose of the pelvic floor is to:

- Support the contents of the abdomen against the force of gravity.
- Control urination and defecation.
- Assist with sexual function.
- Facilitate childbirth.



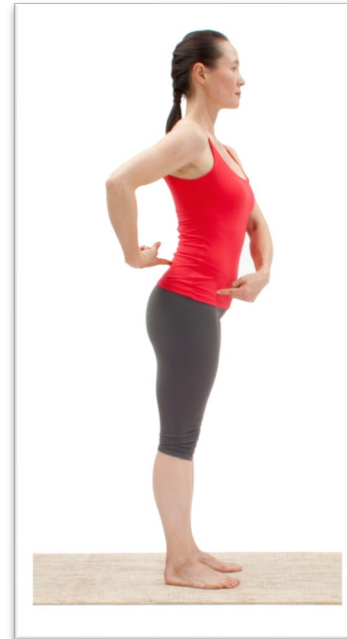
# Pelvic Floor Awareness Exercises

## Standing Anterior and Posterior Pelvic Floor Engagement

- Notice how the pelvic floor engages when the pelvis is in an anterior or posterior position.

## Supine Engagement

- Add a ball between the knees to increase the activation



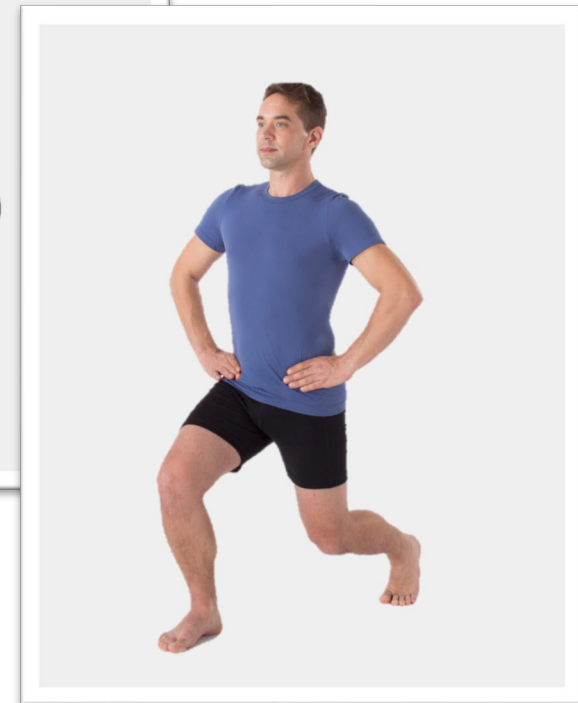
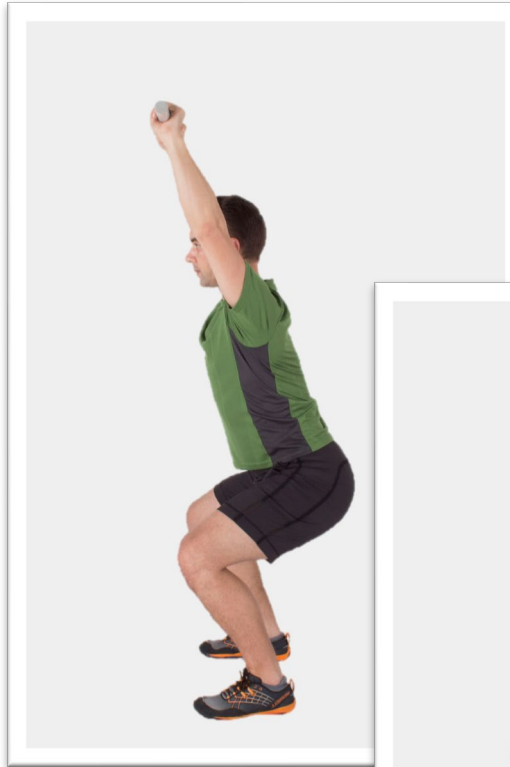
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# Inner Unit Activation Exercises – Pelvic Floor

There are currently many conflicting ideas about pelvic floor training.

- Using verbal cues
- Using movements that naturally activate the pelvic floor

Movements of the hips and legs such as walking, squats, lunges, bridging, side leg lifts and clam shells may be more effective than verbally cueing activation.



# Inner Unit Activation in Standing

## Squats

- Use the inner unit to support a neutral lumbopelvic position

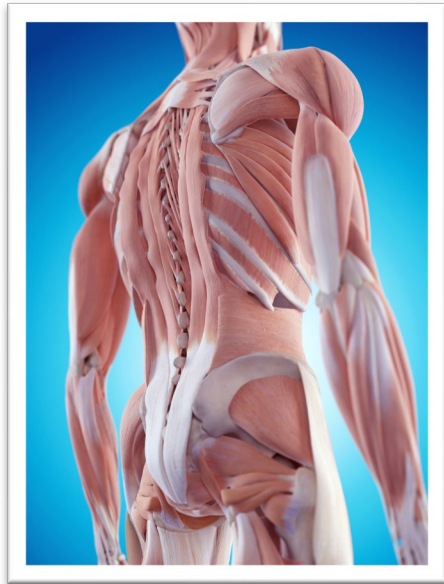
## Knee bends

- Use the inner unit to support a neutral lumbopelvic position



# Mat 1

## Core Activation

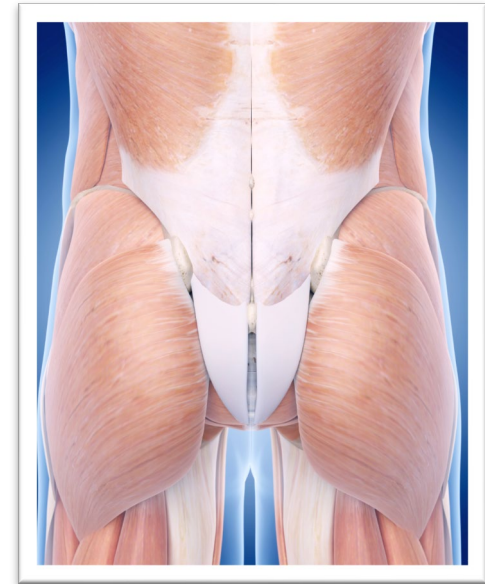


**Transversus abdominis** and **multifidi** co-contract to support the spine.

All 4 elements work together to create stability of the lumbar spine

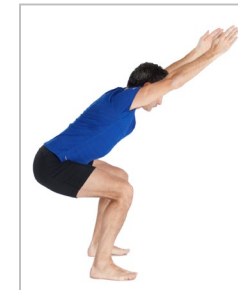
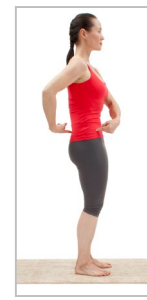
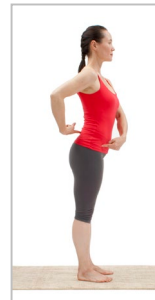
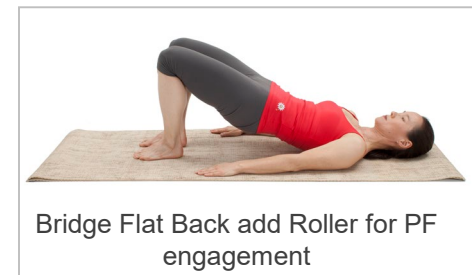
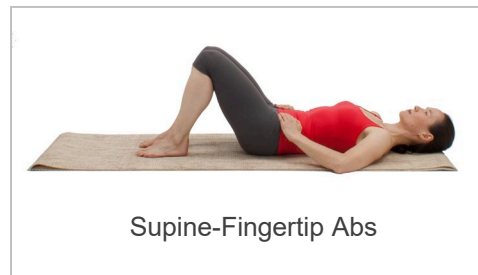
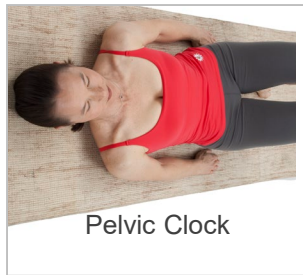
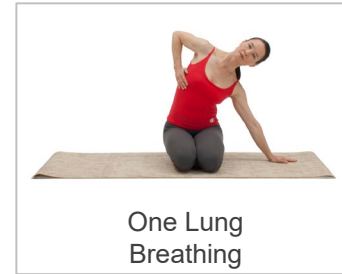
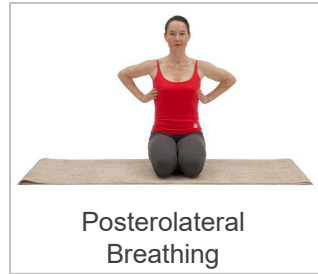
**Diaphragm** organizes the ribcage over the pelvis.

**Pelvic floor** stabilizes the pelvis by drawing the bones together from the inside.



# Mat 1 Workouts

## Breathing and Core Activation

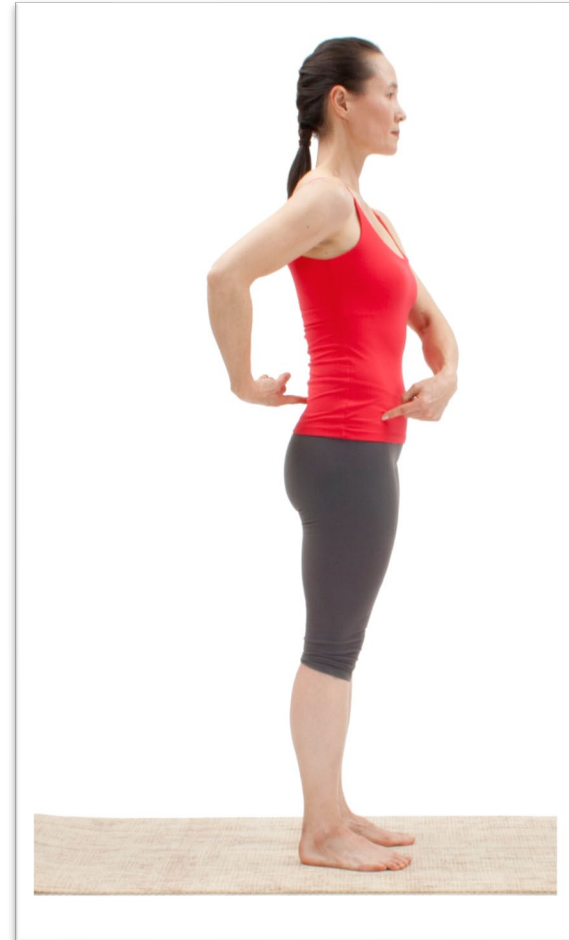


## Mat 1

# Lumbopelvic Placement - Neutral Position

The placement of the pelvis is neutral when the anterior superior iliac spines and the pubic bone are in a plane perpendicular to the ground in standing and parallel to the ground when supine.

According to current research in biomechanics, the core or “inner unit” works best as a spinal stabilizer when the pelvis is in a neutral position.





## Mat 1

# Lumbopelvic Placement – In Standing

When standing or sitting with a neutral lumbopelvic position, the action of gravity on the core musculature leads to a balanced engagement of the muscles on the front and back of the spine.

This decreases the stress on the spine and helps to prevent low back pain and injury.

A neutral position should be used in any exercise designed to train clients for upright, functional movement.

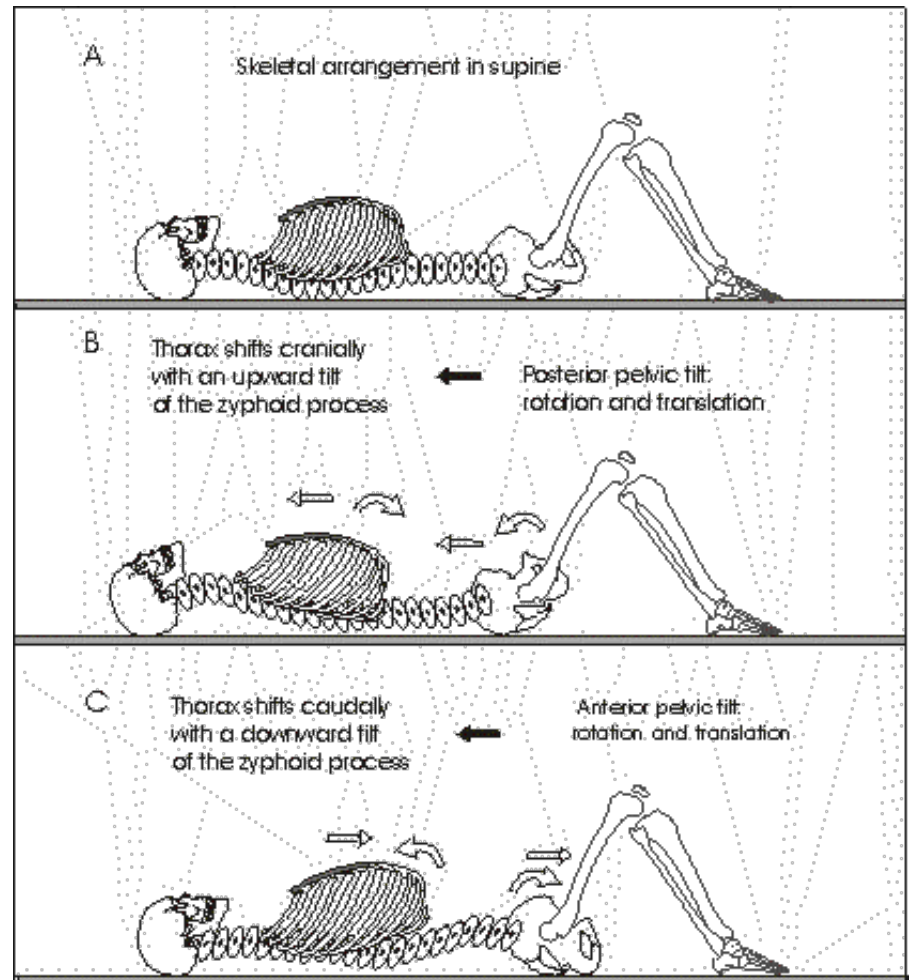


# Lumbopelvic Placement

Neutral placement

**Imprinted spine** – flexed lumbar spine with a posterior pelvic tilt

**Exaggerated lumbar curve** - with an anterior pelvic tilt



# Lumbopelvic Placement

Determining the correct lumbopelvic placement for each exercise and each client will:

- Maximize the effectiveness of the exercise for the client.
- Help them to achieve higher levels of performance in Pilates and in daily or athletic activities.
- Decrease the likelihood of low back pain or discomfort.
- Teach the client habits that can keep them moving well for a lifetime.



# Lumbopelvic Placement – In Supine

Find a neutral position in supine by balancing the muscle engagement on the front and back of the body while maintaining a bony position that is as close to neutral as possible.

- When lying supine, the pressure of the ground on the back of the pelvis can tilt the pelvis slightly posterior so use muscle engagement rather than just the bony position to optimize the position.



## Mat 1

# Lumbopelvic Placement - Modifications

### Supported neutral

Use a rolled up sticky mat or towel to support the lower back in neutral for:



### Beginners

Who need both support and increased proprioception to learn where neutral is.

### Clients with unstable lumbar spines

To keep the back neutral during challenging exercises.

### Clients with an increased or decreased lumbar lordosis

To support and help relax the low back muscles.

## Mat 1

# Lumbopelvic Placement – Exceptions to neutral

The following conditions MAY prefer an imprinted spine and a slightly posteriorly tilted pelvis to minimize pain:

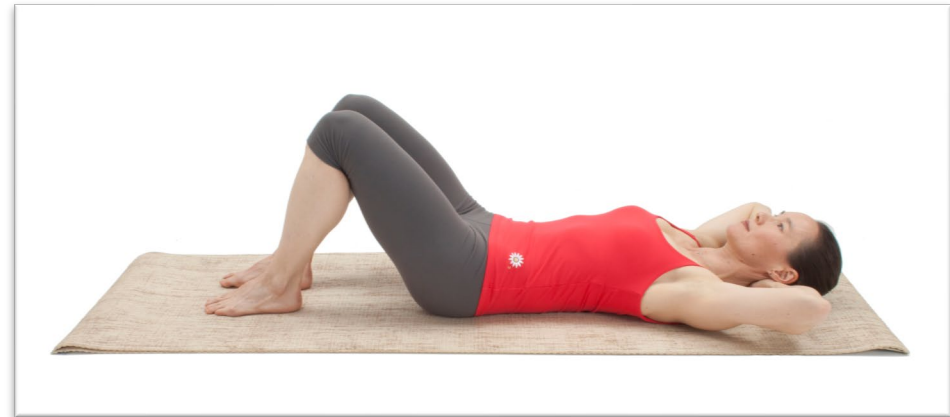
- Spondylolisthesis (anterolisthesis only)
- Spinal stenosis
- Spinal arthritis
- Some sacroiliac joint dysfunctions
- Some disc injuries

An imprinted spine should only be used to allow clients to perform exercises comfortably and should be discontinued when the client can comfortably maintain a neutral spine position.

# Lumbopelvic Placement – Imprinted Spine

For clients that need to use a slightly imprinted position for comfort:

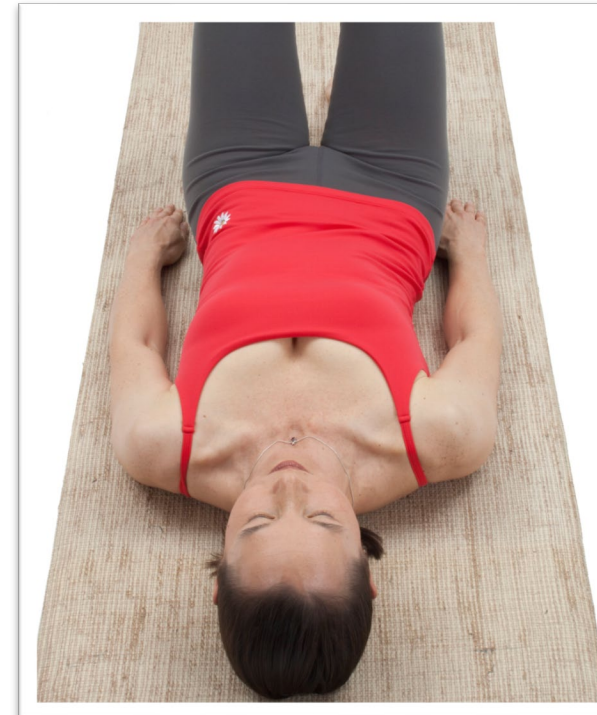
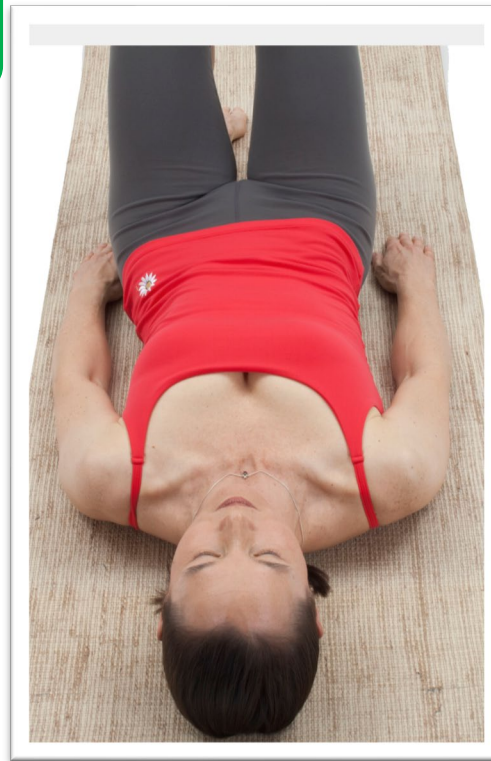
- Clients can maintain the position themselves by posteriorly tilting the pelvis.
- Clients can use a sticky mat, towel or small wedge under the sacrum to passively tilt the pelvis posteriorly.



# Lumbopelvic Placement Exercises

## Pelvic Clock

- Move the pelvis from 12 to 6
- From 3 to 9
- Then in circles
- The goal is to feel the center point where the pelvis is balanced





# Abdominal Strengthening

## Abdominal strength is important for:

- Creating a strong, stable and balanced torso.
- Generating power in athletic activities such as golf, tennis, swimming and dancing.

Abdominal strength starts with the core or inner unit but the inner unit does not move the torso. In order to create movement the remaining abdominals must be engaged. These are:

- Internal oblique abdominal
- External oblique abdominal
- Rectus abdominis



Mat 1

# Abdominal Exercises

Abdominal  
Curls



Oblique  
Abdominal  
Curls



# Lumbopelvic Stability

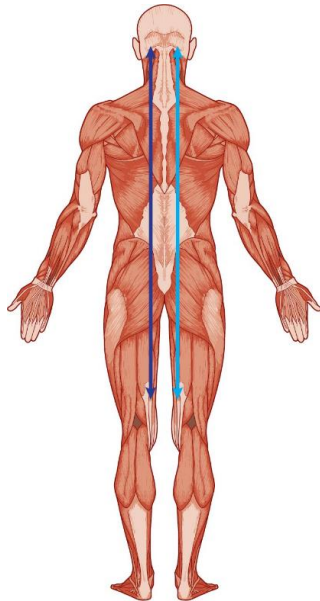
Lumbopelvic stability is the ability of the neuromuscular system to maintain balance between the rib cage, lumbar spine and pelvis.

Good core activation combined with the action of the 4 “outer units” is required for lumbopelvic stabilization.

Maintaining balance and strength in the four outer units is essential for preventing low back pain and for creating efficient and graceful movement patterns.

This model is based loosely on the work of Diane Lee, PT, FCAMT, CGIMS. and Andry Vleeming, PhD, PT

# The 4 Outer Units

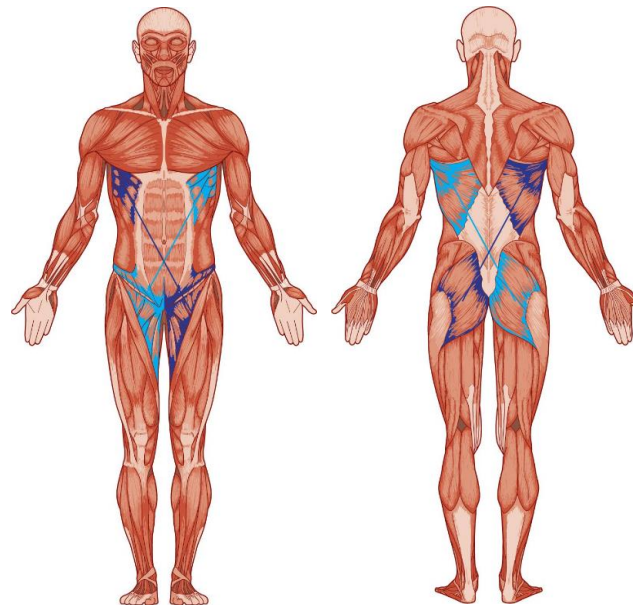


## Deep Longitudinal System

- Erector Spinae, Quadratus Lumborum, Thoracolumbar Fascia, Sacrotuberous Ligament and the Biceps Femoris, Gastrocnemius, Plantar Fascia and Toe Flexors

### Function

- This system holds us upright against gravity and creates spinal extension.

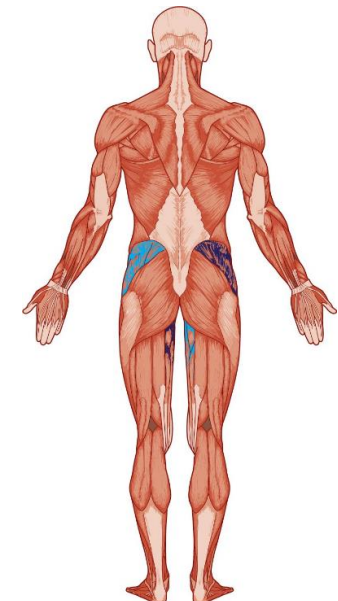


## Anterior and Posterior Sling

- Anterior = Anterior serratus, External oblique, Contralateral internal oblique and adductors
- Posterior = Lattisimus dorsi and Contralateral glutes

### Function

- Together stabilize the torso and in opposition create flexion, lateral flexion and rotation of the torso



## Lateral System

- Hip abductors and adductors
- Quadratus Lumborum

### Function

- Keeps the pelvis balanced over the femurs when walking, running or balancing on one leg.
- Imbalances lead to an un-level pelvis when standing on both legs.

Mat 1

# Lumbopelvic Stability Exercises

Marching



Toe Taps



Opposite Arm and  
Leg Reach

# Mat 1 Workouts

## Abdominals & Lumbopelvic Stability



Pelvic Clock



Supine-Fingertip Abs



Abdominal Curl



Oblique Curl



Marching



Toe Taps



All 4's Abdominals



Opposite Arm & Leg Reach

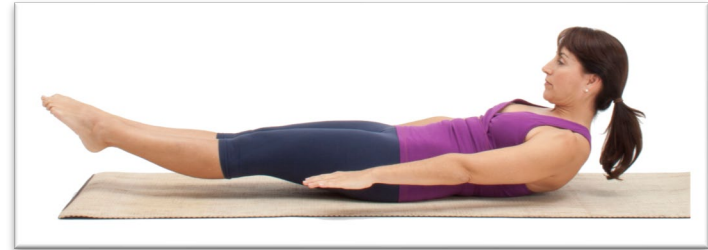
Mat 1

# Pilates Mat 1 Exercises

Focus: Breathing - Trunk Integration - Abdominal Strengthening – Spinal Mobility

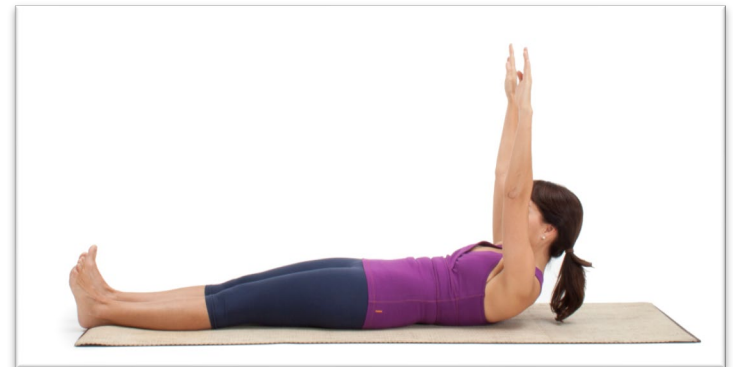
## The Hundred

- Prep
- Knees bent
- Legs to ceiling
- Legs lower
- Palms up



## Roll Up

- Roll Down
- Instructor or band assist
- Knees bent
- Picture frame



Mat 1

# Pilates Mat 1 Exercises

Focus: Lumbopelvic Stability – Hamstring Mobility – Spinal Mobility / Rolling Like a Ball – Coordination – Spinal Mobility

## Single Leg Circles

- Hamstring stretch
- Small circles
- Large circles



## Rolling like a Ball

- Hands behind thighs
- Small ball





# Creating Awesome Classes

Show up

Be consistent

Introduce yourself

Create a focus for the class

Tell them why, not just how

Follow the 80/20 rule

Teach to the students in front of you

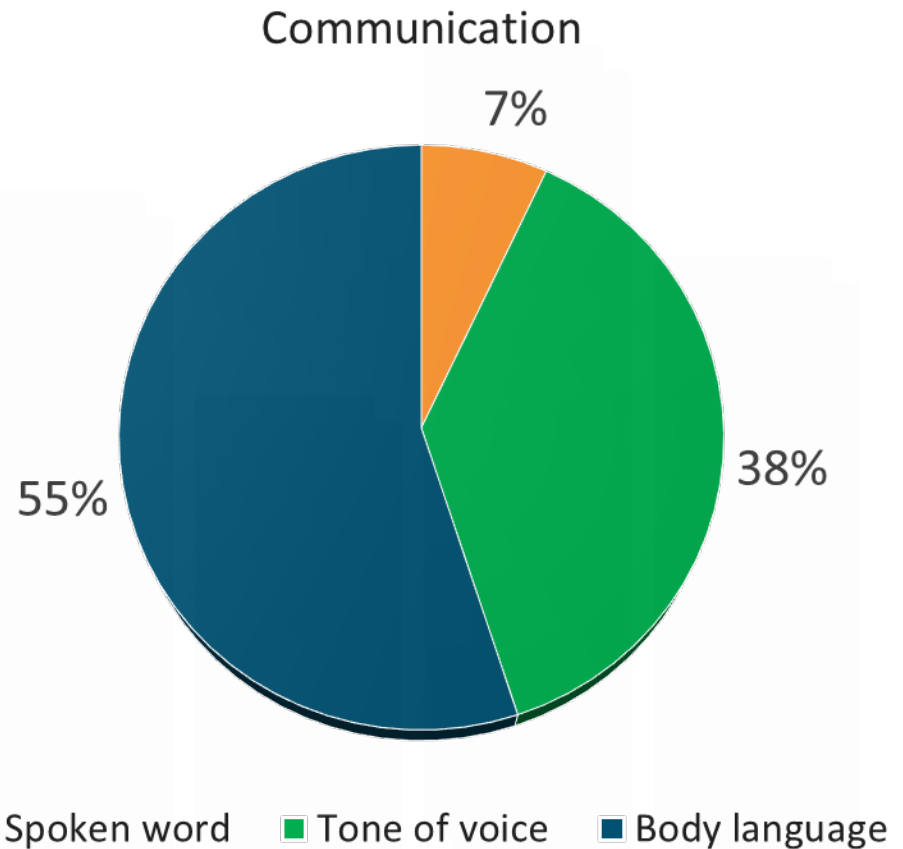
Create community



# Verbal and Non Verbal Cues

## Dr. Albert Mehrabian's 7-38-55 Rule:

- *What we say* is less significant than
- *How we say it*
- *How we move* as we are saying it



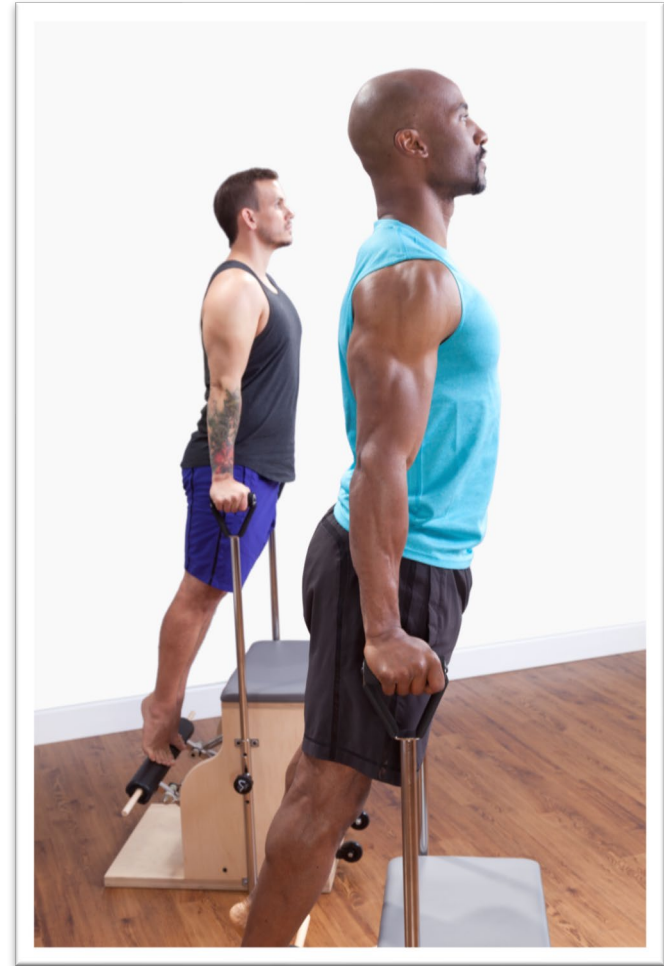
Mat 1

# Cueing and Coaching

Provide clear  
direction

Focus on the  
experience

Provide the how  
and the why

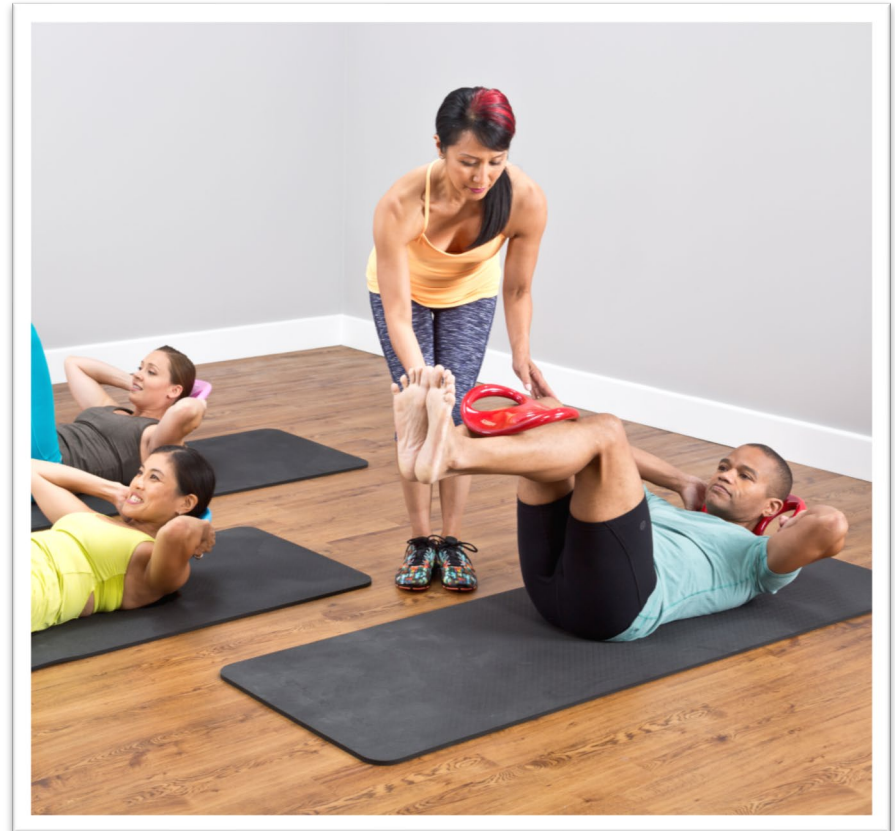


# Cueing and Coaching

## 1) Exercise direction

Be straightforward,  
simple and consistent!

- Exercise name
- Equipment setup
- Body position
- Number of reps (to help them budget their energy)
- Movement sequence



# Cueing and Coaching

## 2) Mindful cues

Feeling, thinking and observing

- Quality over quantity
- Engage the client in their experience
- Tell them why the exercise is important
- Let them observe what's happening



Mat 1

# Cueing and Coaching

## Examples of mindful cueing

Breath – “Inhale as you push back, exhale as you return”


Physical sensation – “Feel equal weight on both sit bones”

Why – “Strengthening your legs helps you get up and down from a chair”

Observing their experience – “Do you notice your right leg is straightening faster than your left one?”

Mat 1

# Cueing and Coaching



Mindful teaching relies on meaningful cues - teaching “why” and “what”

Focuses on kinesthetic sensations i.e. pressure, touch and effort

Increased feelings of self empowerment and success - “I can do this”

Results in increased program adherence and positive health changes

Mat 1

# Pilates Mat 1 Exercises

THIS IS THE FIRST 3 OF THE SERIES OF 5

Focus: Breathing - Trunk Integration - Lumbopelvic Stability - Abdominal Strengthening

Single Leg Stretch



Double Leg Stretch



Single Straight Leg Stretch





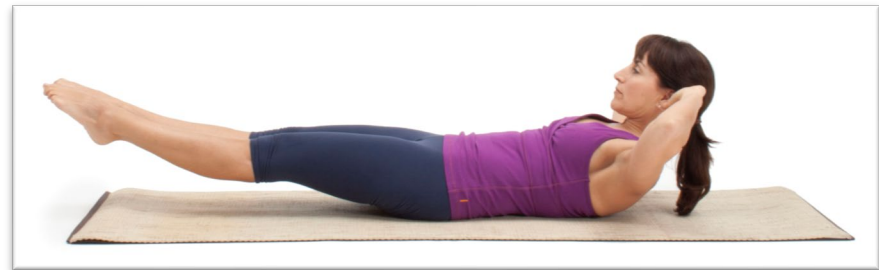
Mat 1

# Pilates Mat 1 Exercises

THIS IS THE LAST 2 OF THE SERIES OF 5

Focus: Breathing - Trunk Integration - Lumbopelvic Stability - Abdominal Strengthening

Double Straight Leg  
Stretch



Criss Cross/Bicycle



# Lumbopelvic Placement – Starting positions

## Seated

- Sit on the center of the sit bones and align the spine directly over the pelvis. Sit up on a towel or pad and bend the knees if needed for spinal alignment
- If the ischial tuberosities are Mount Everest, you are right on top, not sliding down either side.



# Spinal Strength and Mobility

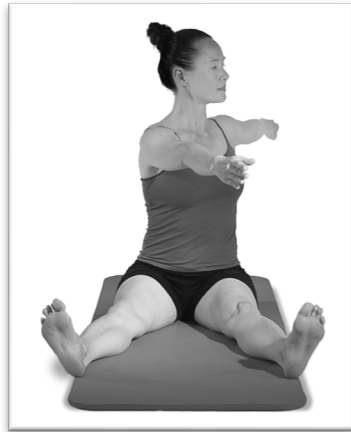
**You are only as old as your spine!**

Training appropriate spinal mobility is essential for pain free living, optimum performance and lifelong vitality.

Spinal strength and mobility is a key element of the Pilates method.

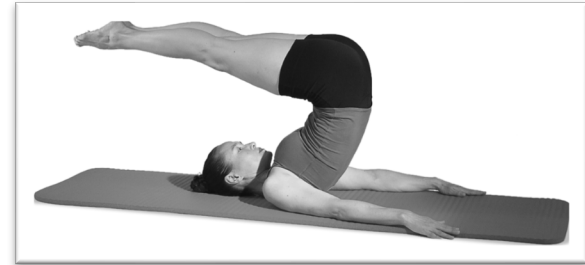


# Spinal Strength and Mobility



Rotation

Flexion



Spinal mobility includes:

Lateral flexion



Extension



## Mat 1

# Lumbopelvic Placement – Starting positions



### All Fours

- With a neutral lumbopelvic position, place the shoulders over the wrists and the hips over the knees.

### Prone

- Support the pelvis in a neutral position by engaging the core.



Mat 1

# Spinal Mobility Exercises

Cat/Cow

Poodle Tail

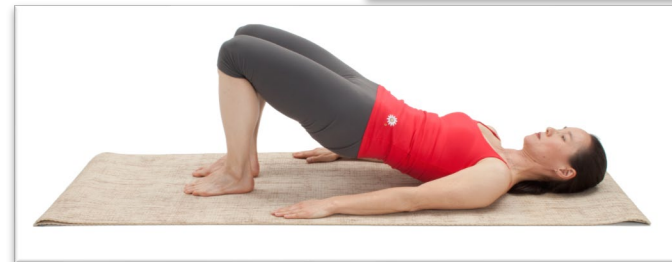
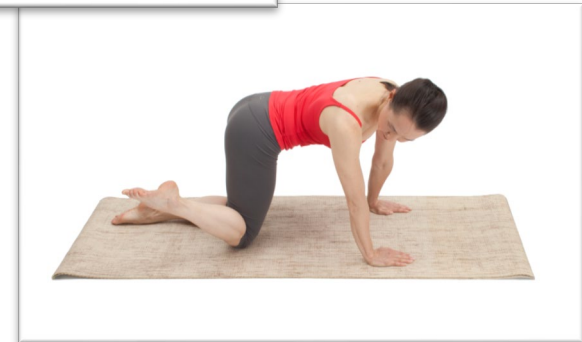
Tail Wag

Bridging

Hip Dips

Typewriter

Figure 8's



Mat 1

# Pilates Mat 1 Exercises

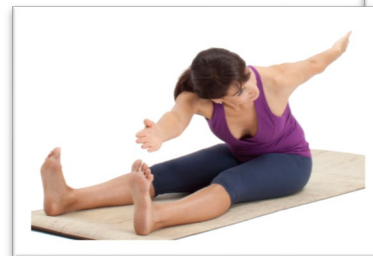
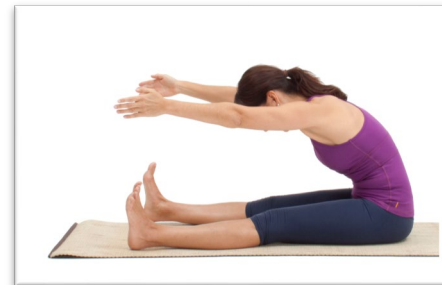
Focus: finding neutral in sitting - Lumbopelvic Stability - Spinal Mobility

Spine Stretch Forward

- Reverse breathing

Spine Stretch Side

Saw



Mat 1

# Pilates Mat 1 Exercises

Focus: Balance – Coordination – Spinal Mobility

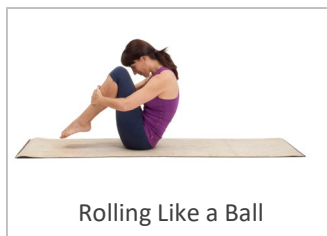
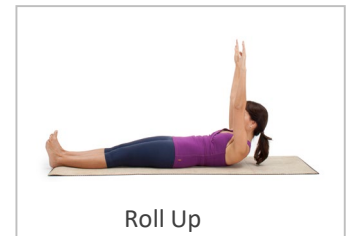
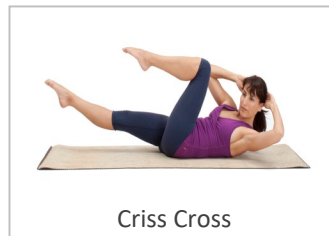
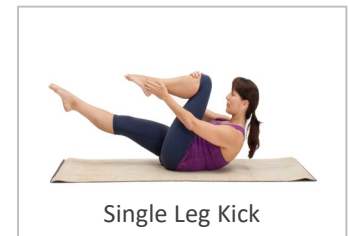
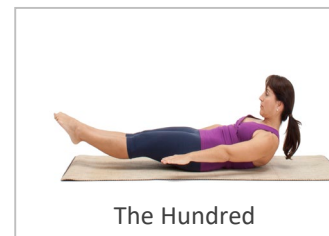
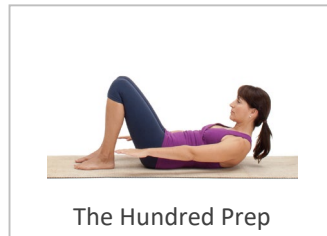
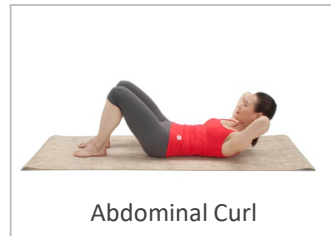
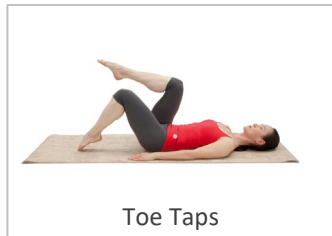
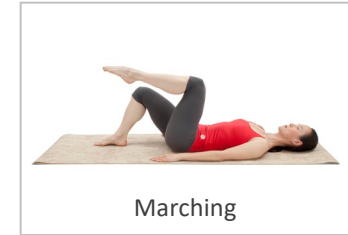
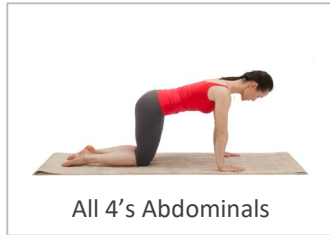
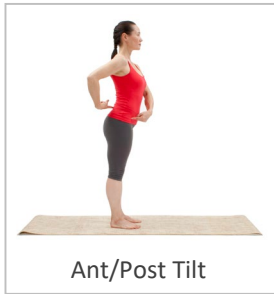
Open Leg Rocker





# Mat 1 Workouts

## Trunk Integration



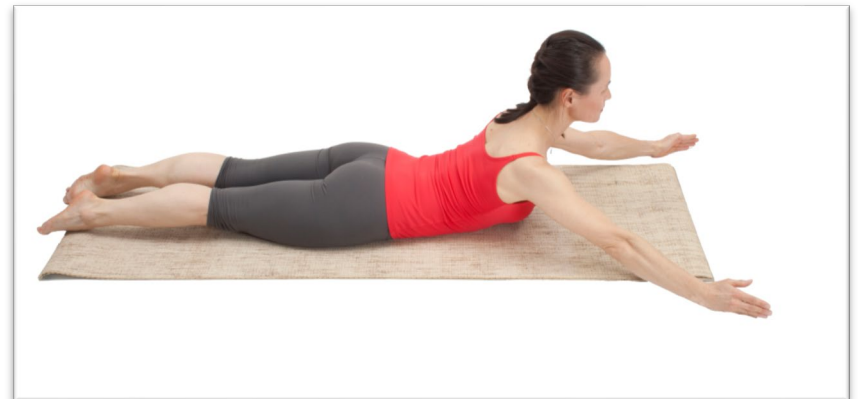
Mat 1

# Spinal Strengthening Exercises

Rockets



Mini Swan



Mat 1

# Pilates Mat 1 Exercises

Focus: Trunk Integration - Spinal Extension

Swan



Single Leg Kick



Double Leg Kick

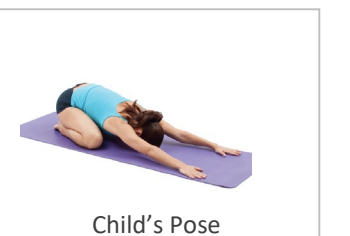
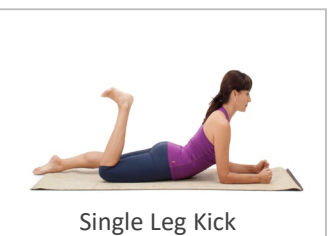
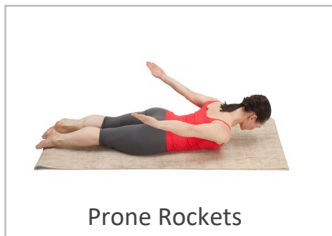
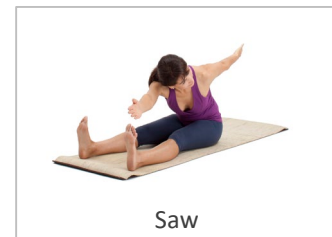
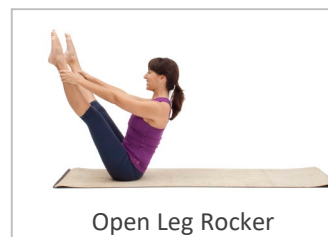
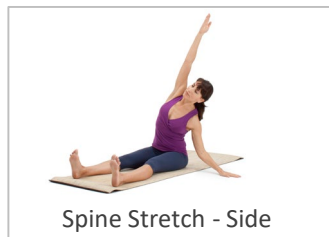
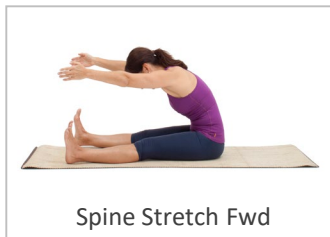
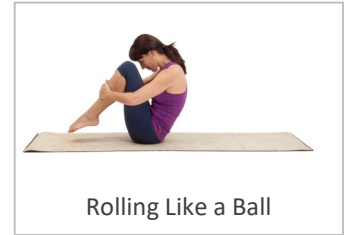
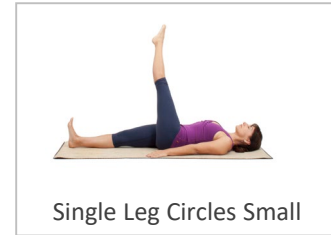
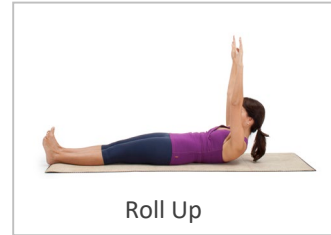
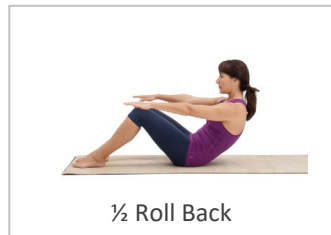
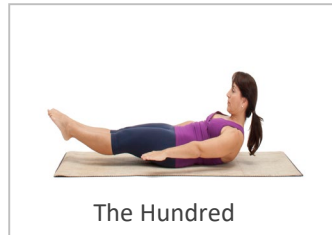
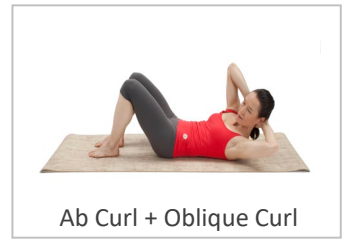
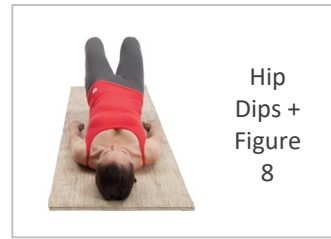
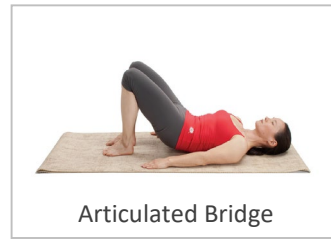


Swimming

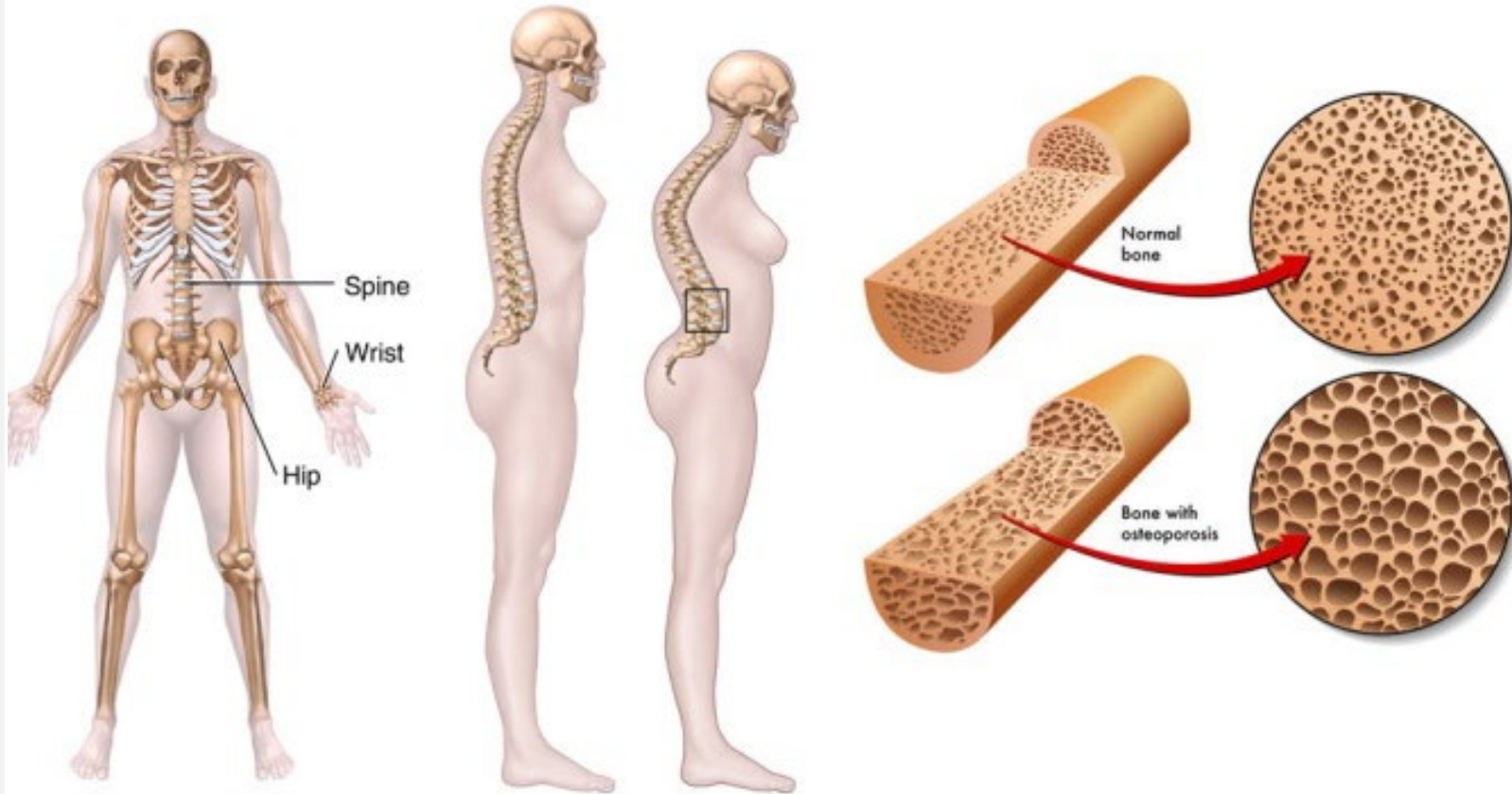


# Mat 1 Workouts

## Trunk Integration - Spinal Mobility



# Osteoporosis



## Pilates and Osteoporosis

# What is Osteoporosis?

Osteoporosis, or porous bone, is a disease characterized by:

- Low bone mass
- Structural deterioration of bone tissue
- Bone fragility and an increased susceptibility to fractures, especially of the hip, spine and wrist, although any bone can be affected

Bone is living, growing tissue that changes throughout the lifespan.



# Osteoporosis Facts

10 million Americans are estimated to have osteoporosis, of which 8 million are women and 2 million are men.

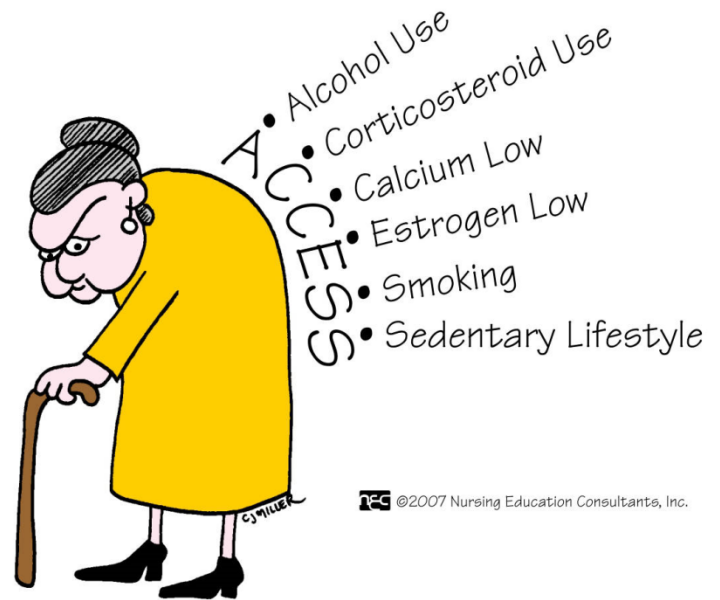
34 million Americans are estimated to have low bone mass, placing them at increased risk for osteoporosis.

One in 2 women and 1 in four men over the age of 50 will have an osteoporosis-related fracture in her/his remaining lifetime.

Risk has been reported in all ethnic backgrounds.

Though associated with advanced age, can occur at any age.

## OSTEOPOROSIS RISK FACTORS



“Access” (leads to) Osteoporosis

# Categories of Osteoporosis

Bone loss is measured in relationship to the normal bone mass of a young adult and is called a T-score.

- T-score -1 to -2.5 or 10-25% of normal bone loss is considered low bone mass or osteopenia
- T-score >2.5 or more than 25% - 30% is considered osteoporosis

Specialized tests called bone density tests can measure bone density in various sites of the body.

Bone density tests can

- Detect osteoporosis before a fracture occurs
- Predict your chances of fracturing in the future
- Can determine the rate of bone loss and/or monitor the effects of treatment.



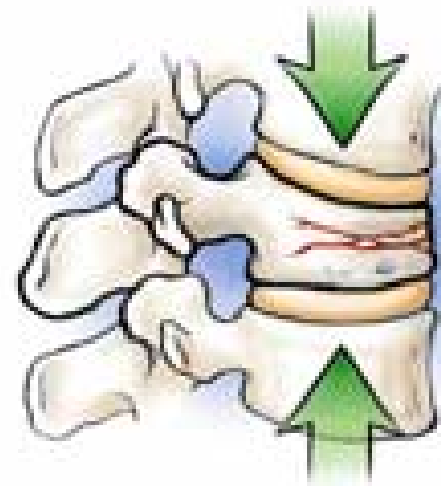
# Symptoms

## Symptoms

Osteoporosis is often called the “silent disease” as bone loss occurs without symptoms.

Bones may become so weak that a sudden strain, bump or fall causes a fracture or a vertebrae to collapse.

Collapsed vertebrae may initially be felt or seen in the form of severe back pain, loss of height or spinal deformities such as kyphosis or stooped posture.



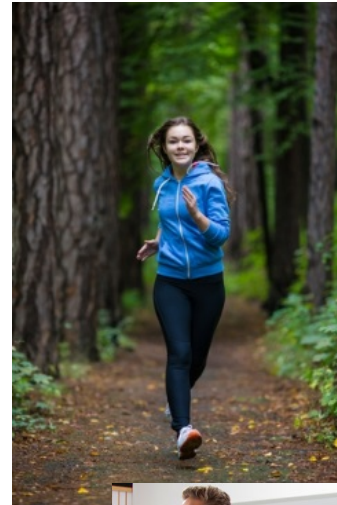
# Prevention of Osteoporosis

Women acquire 98 percent of skeletal mass by about age 20.

Building strong bones during childhood and adolescence can be the best defense against developing osteoporosis later.

Four steps to optimize bone health include:

- Balanced diet rich in calcium and vitamin D
- Weight-bearing exercise
- A healthy lifestyle with no smoking or excessive alcohol intake
- Bone density testing and medication when appropriate.



Mat 1

# Wolff's Law

Bones become stronger in response to increased stress. In order to continue to build bone the stress placed on it must be greater than the stress to which it has become accustomed.

In order to build bone you need to challenge the client to keep working harder or to place different kinds of stress on the bones in order to make them respond.



# Exercise Considerations



Weight bearing exercise and weight training have been studied in relationship to osteoporosis and have been shown to be helpful



Pilates has not been directly shown to help and many traditional Pilates exercises are contraindicated for clients with osteoporosis.



Exercise programs for osteoporosis should be designed to:

- Build bone mass
- Improve posture and balance
- Be progressive or changing in order to keep bones responding
- Improve spinal extension

# Contraindications and Precautions

Movements shown to increase risk of fracture, particularly to the spine include

Spinal Flexion - Especially with resistance as in Hundreds and abdominal curls

Spinal Rotation – Especially when combined with spinal flexion as in oblique abdominal exercises

Precautions when working with clients with osteoporosis

Avoid loaded flexion of the spine i.e. abdominal curls, all rolling exercises, all rolling up exercises

Use a neutral spine position in Bridging

Be careful with rotation as in Saw and Spine Twist

## Mat 1

# Mat and Reformer Exercises to Avoid

## Mat

- Abdominals
  - Hundreds
  - Roll Up
  - Neck Pull
  - Series of 5 – Single Leg Stretch, Double Leg Stretch, Single Straight Leg Stretch, Double Straight Leg Stretch, Criss Cross
  - Teaser
- Rolling Exercises
  - Rolling Like a Ball
  - Open Leg Rocker
  - Seal
- Inversions
  - Roll Over
  - Jackknife
  - Corkscrew

## Reformer

- Abdominals
  - Hundreds
  - Coordination
  - Roll Downs
  - Short Box Abdominals
  - Teaser
  - Back Stroke
- Spinal Exercises
  - Short Spine Stretch
  - Long Spine Stretch
  - Jackknife
  - Corkscrew

## Mat 1

# Reformer Exercises to Emphasize

### Spinal Extension

- Swan on the box
- Pulling Straps
- Breast Stroke

### Weight Bearing

- All Fours Abdominals
- Long Stretch series
- Knee Stretch

### Hip Joint Stimulation

- Feet in Straps
- Standing Leg Work
- Knee Stretch

**Moderate Impact loading:** In order to increase bone mass, exercise needs to be moderately strenuous.

Keep progressing the resistance you use with each exercise to maintain a moderate level of effort with your client.



Mat 1

# Reformer Program for Osteoporosis

## Footwork

- Parallel, external and internal rotation
- Single leg and single leg progressions
- Ankle work

## Supine Arm work

- All directions

## Feet in Straps

- All positions
- Parallel, external and internal rotation

## All Fours Abdominals

- Facing front
- Facing back



## Mat 1

# Reformer Program for Osteoporosis

### Knee Stretch (flat back only)

- Single leg
- Single leg with balance
- Double leg

### Arm work

- Seated and kneeling facing back
- Seated and kneeling facing front

### Long Stretch

- Add push ups
- Add thoracic extension (if appropriate)

### Standing leg work

- Abduction
- Adduction

## Mat 1

# Additional Exercise Recommendations

### Muscle Group Specific Training

- Target spinal extensors
- Train pelvic and scapular stabilizers
- Focus on upper and lower limb training while keeping spine neutral.

### Aerobic Activity

- Encourage clients to walk, use low impact aerobic machines, swim or other activities that encourage increased aerobic capacity and overall physical fitness.

### Balance and Coordination Training

- To train the nervous system and the muscular system to react appropriately to balance challenges it is important to add safe balance exercises such as
  - Standing on one leg
  - Moving on unstable surfaces (spot the client as needed, add when appropriate)

### Flexibility Exercises

- Maintain flexibility in the torso, shoulder girdle and hips in order to help the client to maintain good posture.



# Pilates and Pregnancy

## Mat 1

# Guidelines for Exercise during Pregnancy

Exercising during pregnancy can be beneficial to both the mother and the baby if common safety guidelines are followed.



## Mat 1

# Benefits of Exercise during Pregnancy

- Can reduce lower back pain
- Eases constipation
- May decrease risk of gestational diabetes, preeclampsia and cesarean delivery
- Promotes healthy weight gain
- Improves overall fitness and strengthens cardiovascular system
- Helps with weight loss after delivery
- Helps prepare the body for labor, delivery and taking care of the baby.

## Mat 1

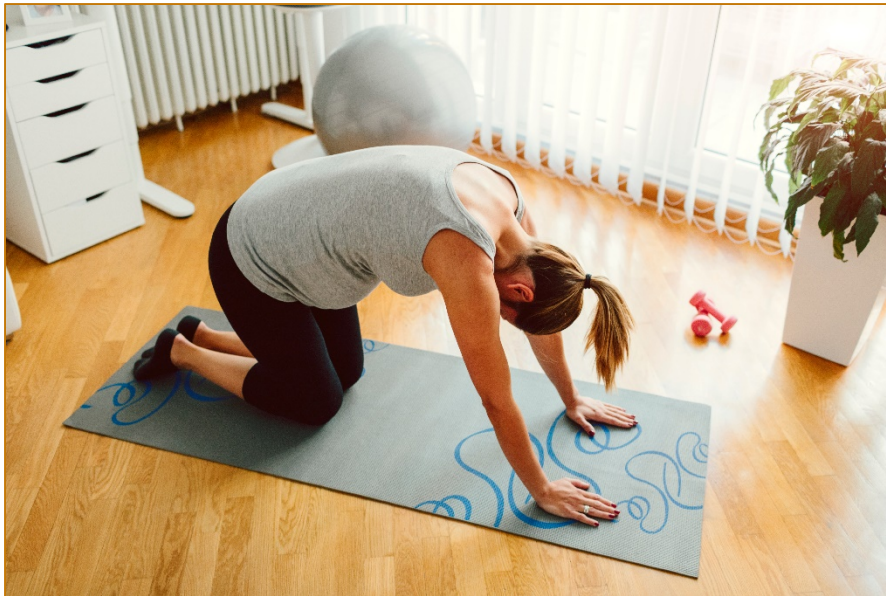
# Low Risk Pregnancy

### Low Risk Pregnancy

- Under 35
- Previous normal pregnancy and delivery
- No known risks

### Exercise Considerations

- Follow the normal guidelines for each trimester.
- Pay attention to changes in energy level. Pay attention to changes in flexibility and balance.
- Focus on maintaining trunk integration, lumbopelvic stability and overall strength with an emphasis on upper body strength.



# High Risk Pregnancy

## High Risk Pregnancy

- First pregnancy over age 35
- Previous issues with pregnancy and delivery
- Medically identified risks – preeclampsia, gestational diabetes, cervical insufficiency
- In-vitro or other assisted fertility treatments.

## Exercise Considerations

- Minimize or eliminate exercise during the first trimester (first 12 weeks).
- If client has any unusual symptoms, refer them to their MD or other medical practitioner.
- Focus on maintaining trunk integration, lumbopelvic stability and overall strength with an emphasis on upper body strength.



# Exercise during Pregnancy

## Changes during pregnancy

- Hypermobility - Pregnancy hormones make the joints looser. Be cautious with high impact, bouncy or contact sports where the joints may be unstable.
- Balance changes - As the body changes shape, balance can unexpectedly change. Be cautious with balance challenges.
- Breathing difficulties – As the uterus grows and the body demands more oxygen, shortness of breath can occur. Take it easy until the body adjusts.

## Precautions during pregnancy

- Drink plenty of water – Dehydration can be especially dangerous during pregnancy.
- Wear a supportive sports bra - As the breasts enlarge, support is necessary to keep them comfortable.
- Avoid becoming overheated.



Mat 1

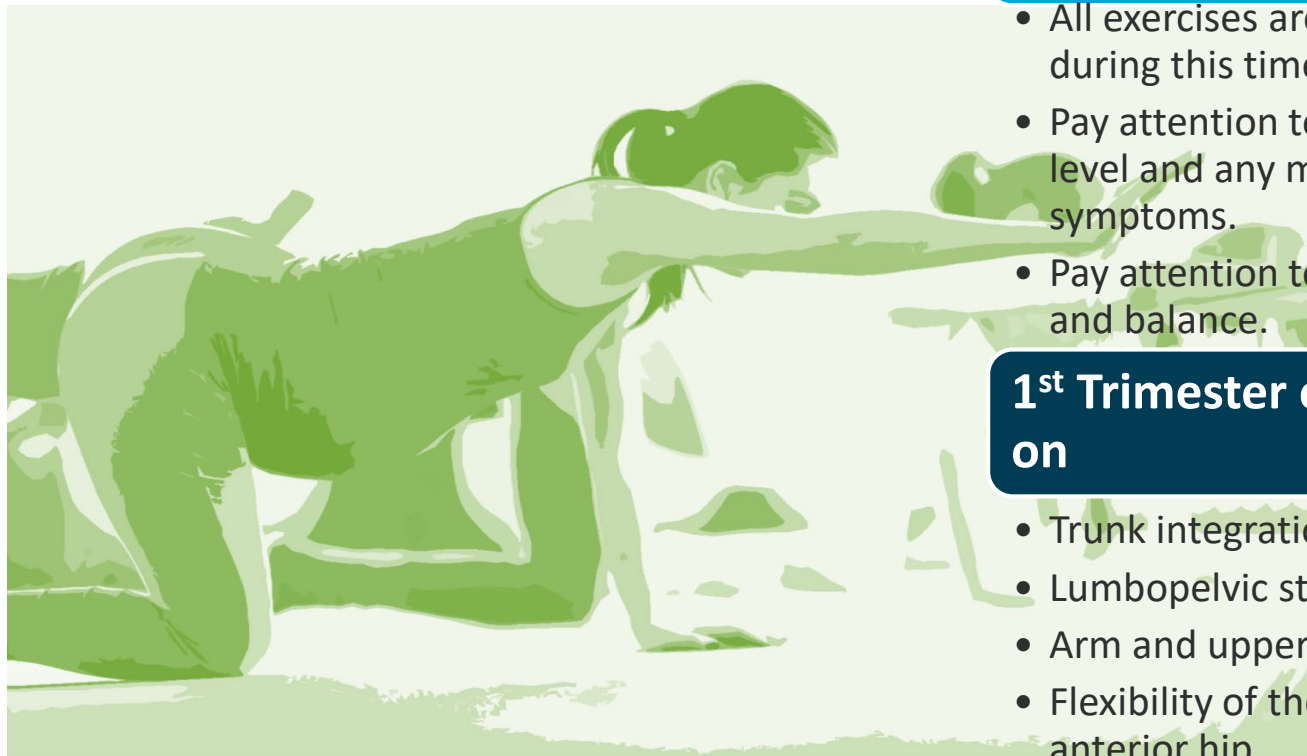
# Stages of Pregnancy

## 1<sup>st</sup> Trimester (0 – 12 weeks)

- All exercises are generally possible during this time.
- Pay attention to the woman's energy level and any morning sickness symptoms.
- Pay attention to changes in flexibility and balance.

## 1<sup>st</sup> Trimester exercises to focus on

- Trunk integration
- Lumbopelvic stability
- Arm and upper back strength.
- Flexibility of the chest, lower back and anterior hip.
- Decrease or eliminate inversion exercises.



# Stages of Pregnancy

## Early 2<sup>nd</sup> Trimester (12 – 16 weeks)

- Prone exercises are no longer possible.
- Abdominals may become less easy to feel or activate.
- Mobility in hips, pelvis and spine may increase.

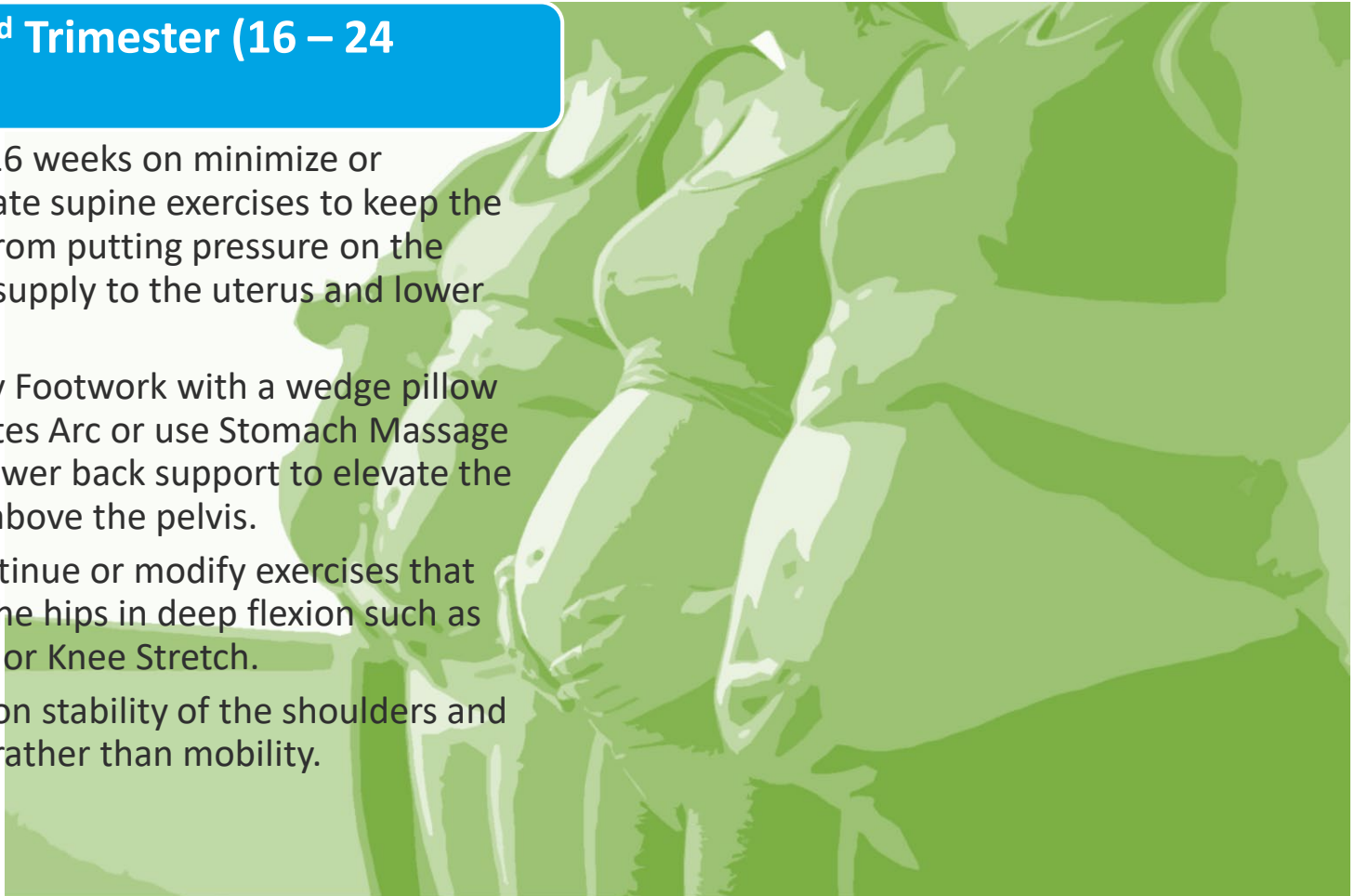
## 2<sup>nd</sup> trimester exercise guidelines

- Maintain flexibility of the lower back and abdominals
- Emphasize lumbopelvic stability
- Find abdominals that are comfortable
- If client has low blood pressure, teach them to change positions slowly.

# Stages of Pregnancy

## Late 2<sup>nd</sup> Trimester (16 – 24 weeks)

- From 16 weeks on minimize or eliminate supine exercises to keep the fetus from putting pressure on the blood supply to the uterus and lower body.
- Modify Footwork with a wedge pillow or Pilates Arc or use Stomach Massage with lower back support to elevate the heart above the pelvis.
- Discontinue or modify exercises that work the hips in deep flexion such as Teaser or Knee Stretch.
- Focus on stability of the shoulders and pelvis rather than mobility.



# Stages of Pregnancy

## 3<sup>rd</sup> Trimester (24 weeks until delivery) exercise guidelines

- Use a wide leg position on footwork.
- Emphasize the limbs rather than the core.
- Continue to focus on shoulder and lumbopelvic stability.
  - Leg and hip strength
  - Light, neutral trunk integration exercises
  - Upper body exercises for lifting and carrying.
- Caution with resisted adductor work to minimize pressure on the pubic symphysis especially if the client is hypermobile.

# Stages of Pregnancy

## Post natal

- If delivery was vaginal, begin basic trunk integration, core and lumbopelvic stabilization exercises as soon as possible.
- If delivery was by C section, do only light trunk integration, core stabilization and lumbopelvic stability exercises until cleared by the doctor. This usually takes 6 to 8 weeks.
- Focus on a full body workout to restore tone in the abdomen, stability of the pelvis and strength in the upper body.



# Lumbopelvic Placement – Starting positions

## Side Lying

- Keep the spine as straight as possible with the hips and shoulders stacked. There may be a small space between the waist and the mat.
- Imagine the torso is sandwiched between two sheets of glass.



Mat 1

# Pilates Mat 1 Exercises

Focus: Trunk Integration – Hip Abduction and Adduction Strengthening

Side Leg Lifts

Side Leg Circles – Big and Small

Side Leg Kicks

Side Leg Bicycle

Side Leg Bananas



Mat 1

# Pilates Mat 1 Exercises

Focus: Trunk Integration - Spinal Mobility - Balance and Coordination

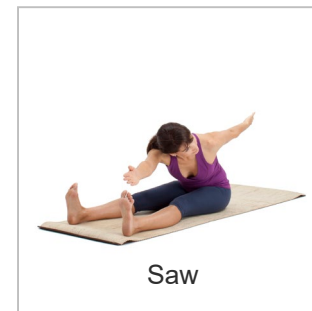
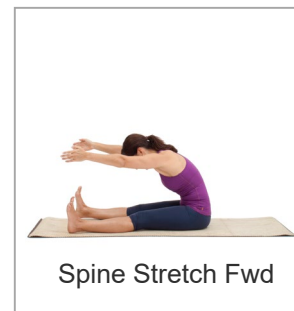
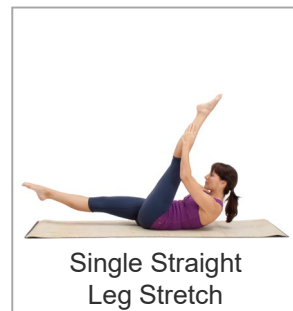
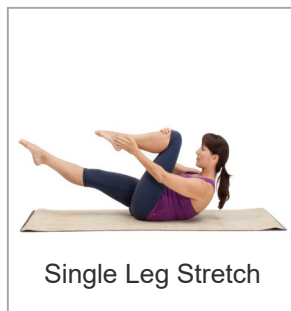
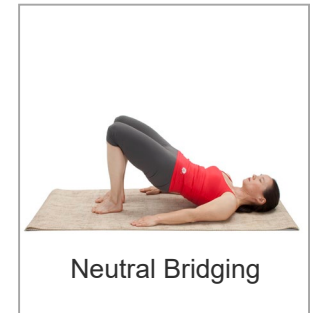
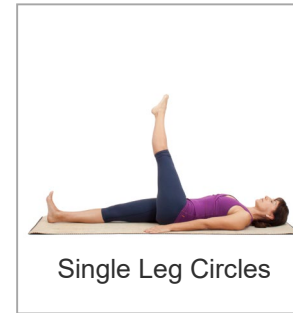
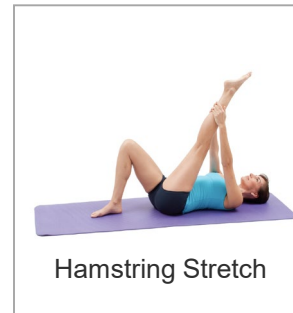
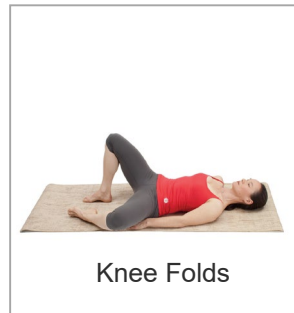
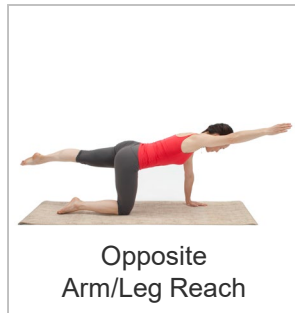
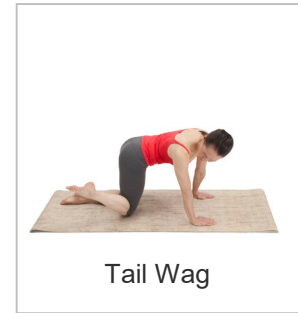
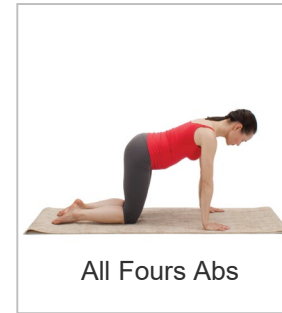
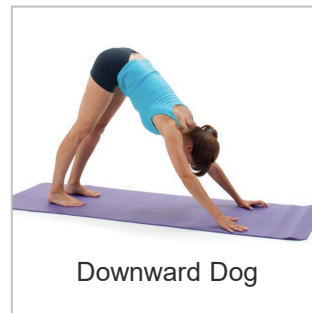
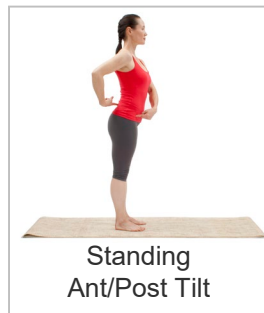
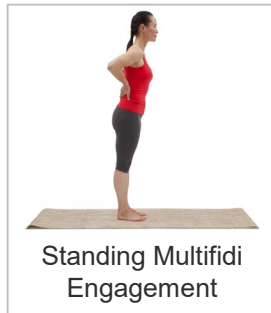
Seal





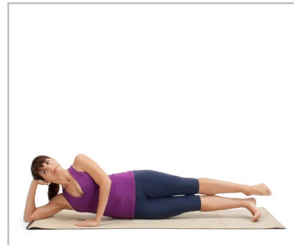
# Mat 1 Workouts

## Lower Body Focus



# Mat 1 Workouts

## Lower Body Focus



Side Legs Series: Leg Lifts + Circles + Kicks + Bicycles



Bananas



Figure 4 Stretch



½ Straddle Stretch



Swan



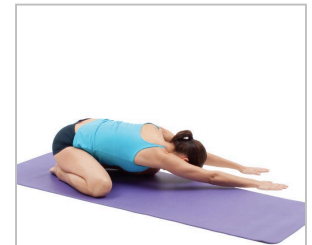
Single Leg Kicks



Double Leg Kicks



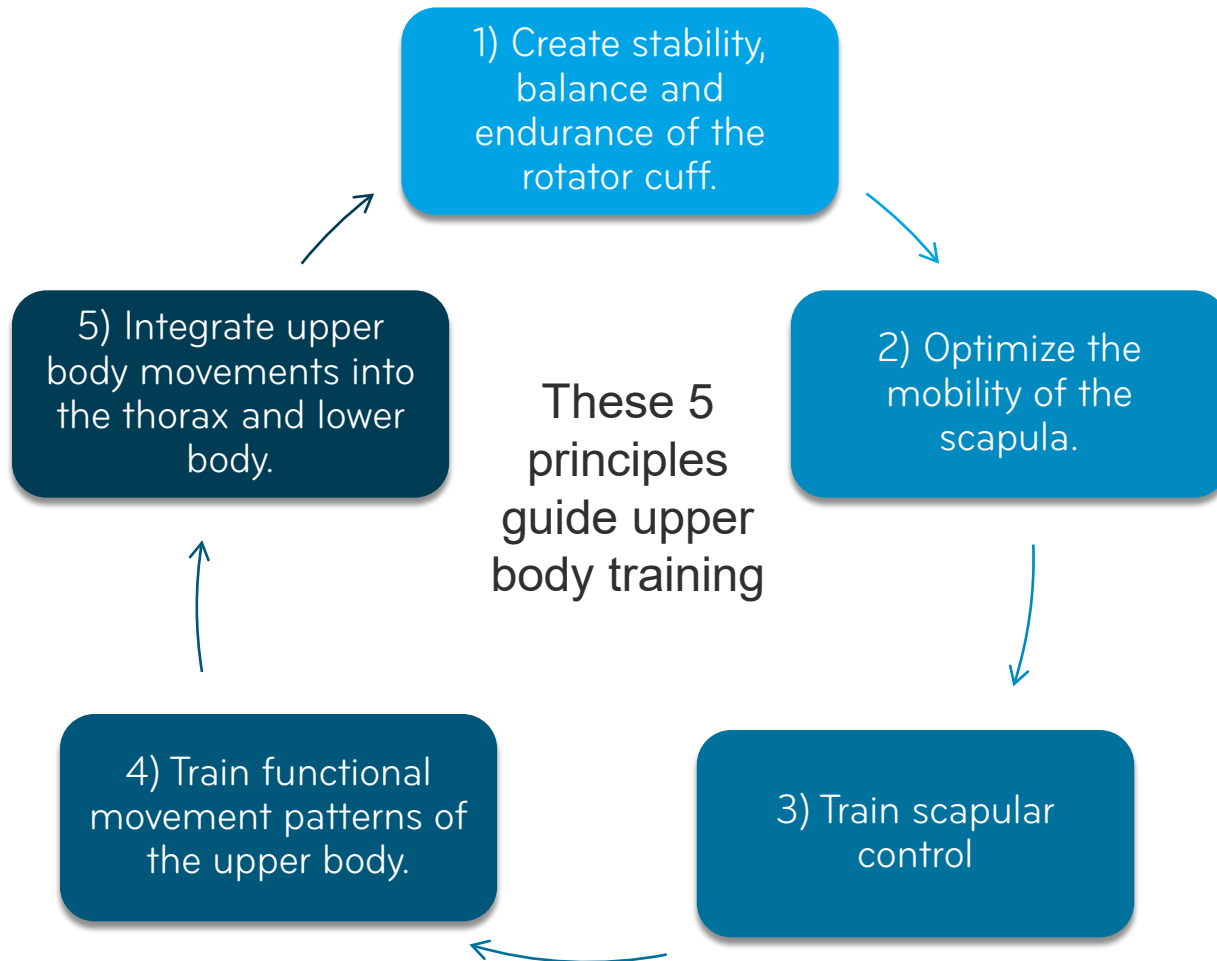
Swimming

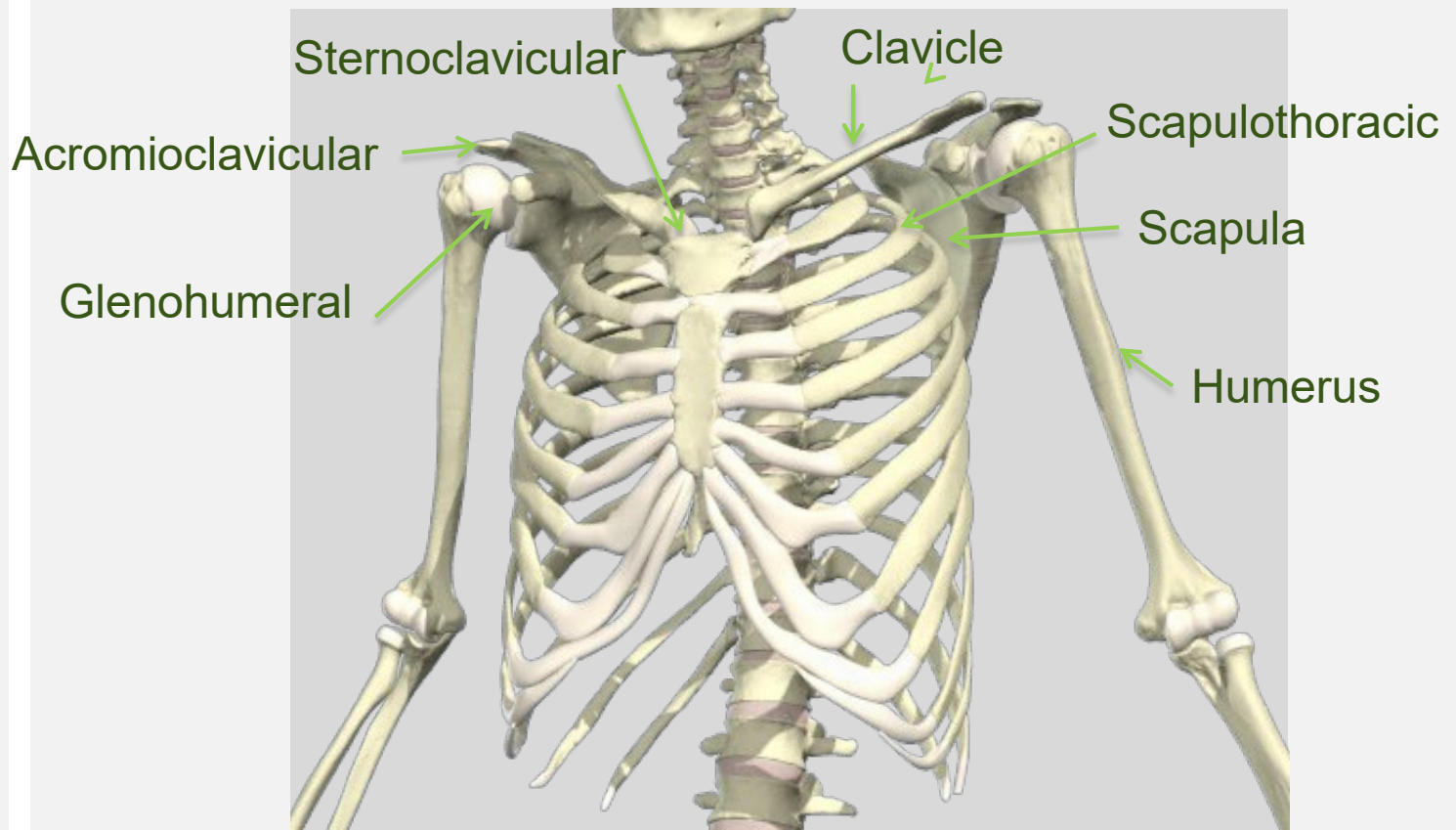


Child's Pose Side

## Mat 1

# Upper Body Strength and Balance





## Bones and Joints of the Shoulder

All of these joints, need to move in harmony to create healthy shoulders.

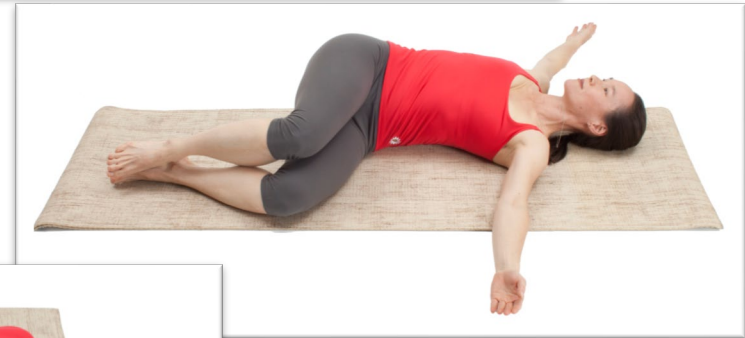
Mat 1

# Scapular Mobility Exercises

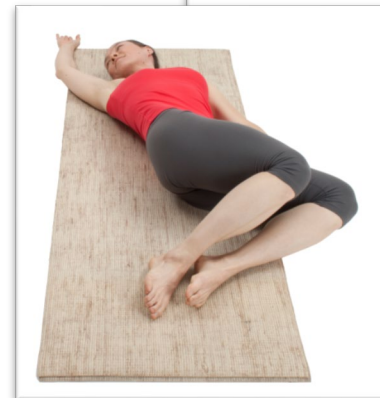
Telescope Arms



Pinwheel



Angels in the Snow



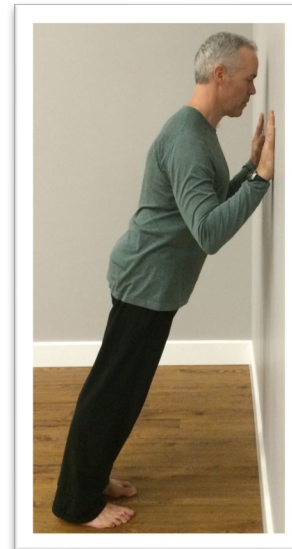
Mat 1

# Scapular Stability Exercises

Sternum Drop



Wall Push Ups



Modified Push Ups



Mat 1

# Pilates Mat 1 Exercises

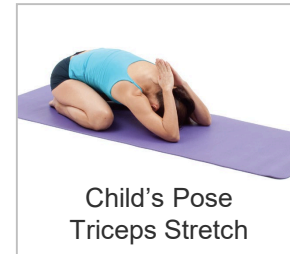
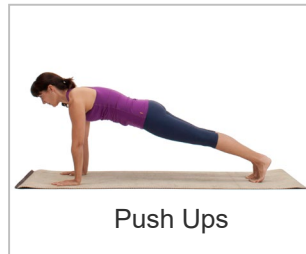
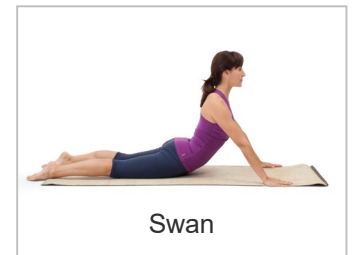
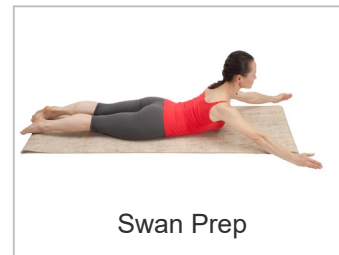
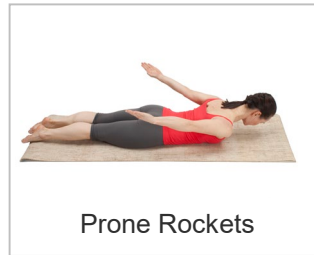
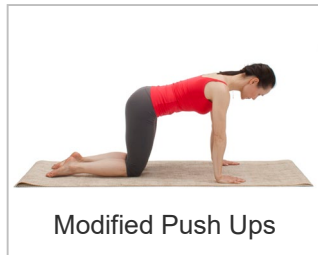
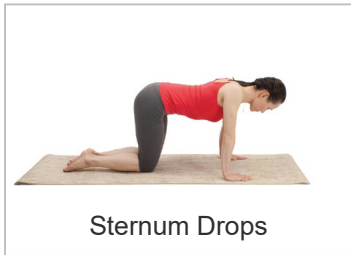
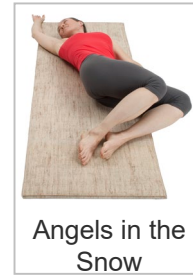
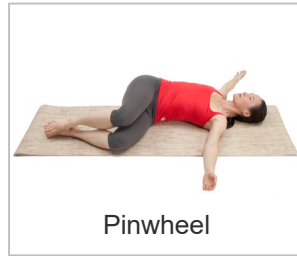
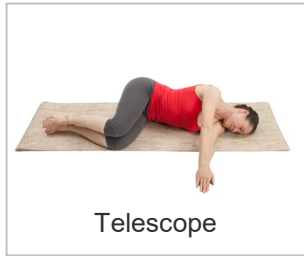
Focus: Trunk Integration - Scapular Stability

Push Ups



# Mat 1 Workouts

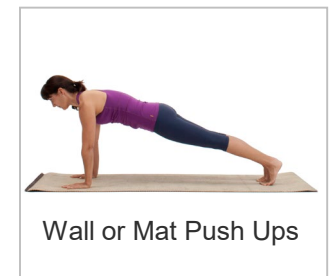
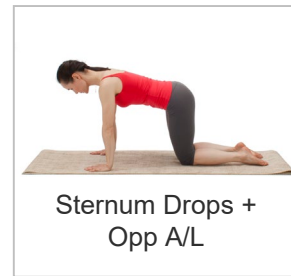
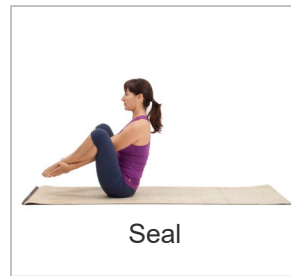
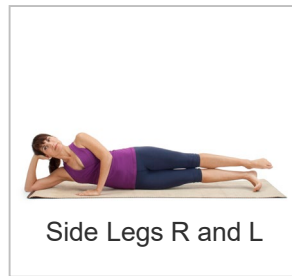
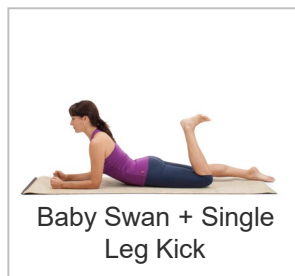
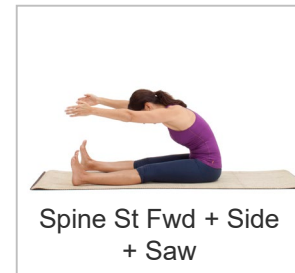
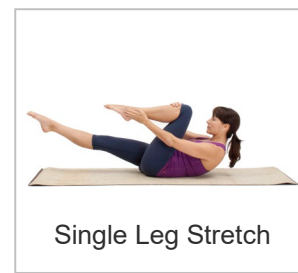
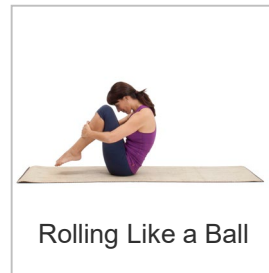
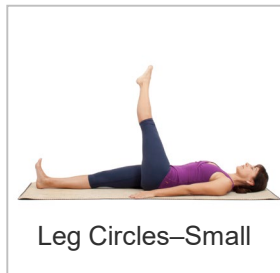
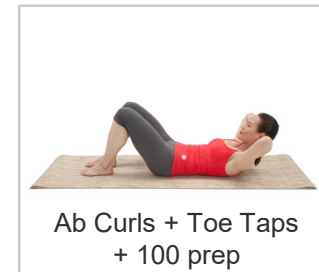
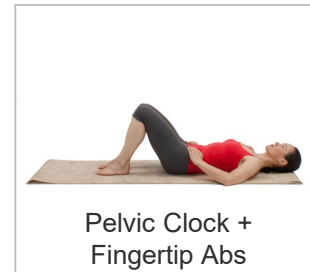
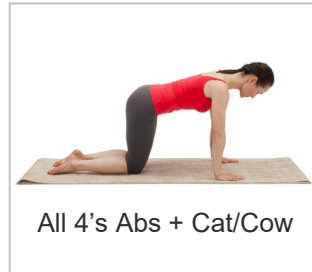
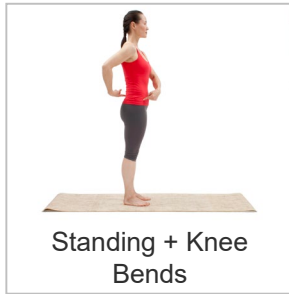
## Upper Body Focus





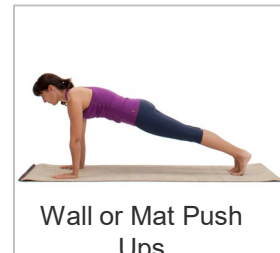
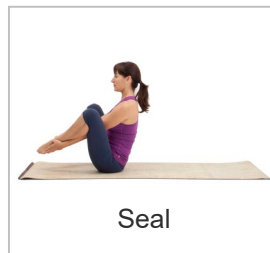
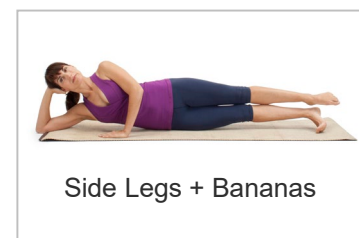
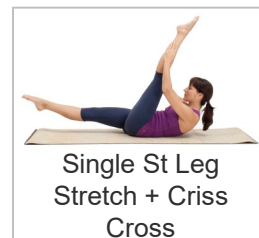
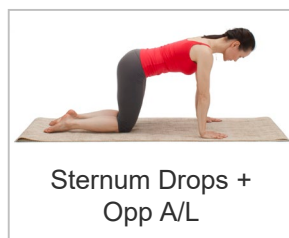
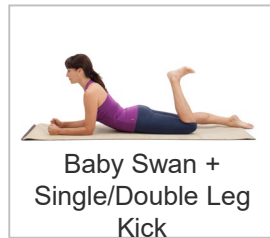
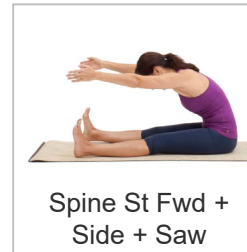
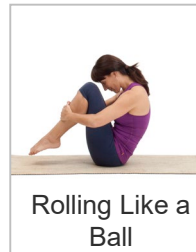
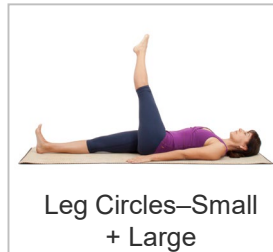
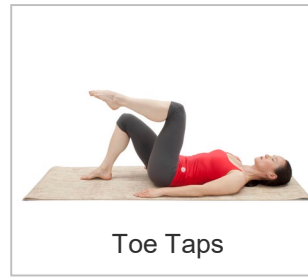
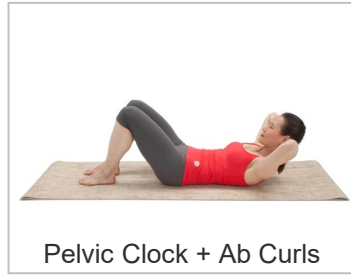
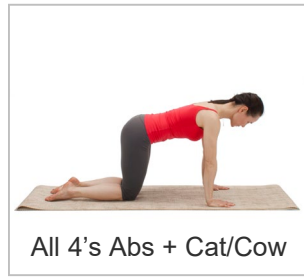
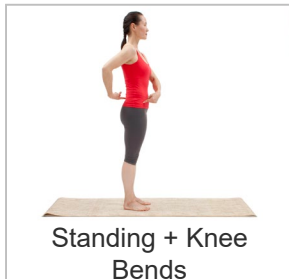
# Mat 1 Workouts

## Introductory Session



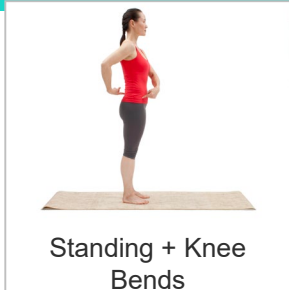
# Mat 1 Workouts

## Beginning Session

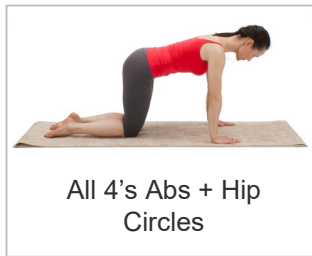


# Mat 1 Workouts

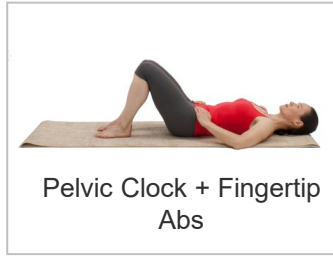
## Intermediate Session



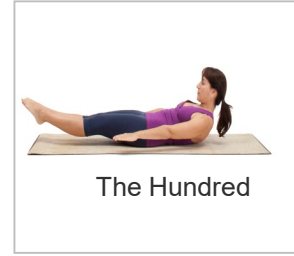
Standing + Knee Bends



All 4's Abs + Hip Circles



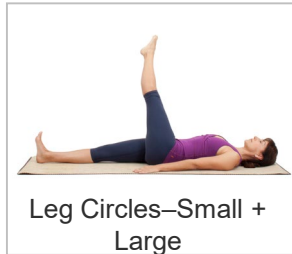
Pelvic Clock + Fingertip Abs



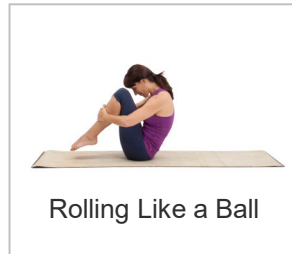
The Hundred



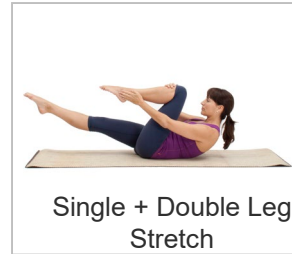
The Roll Up



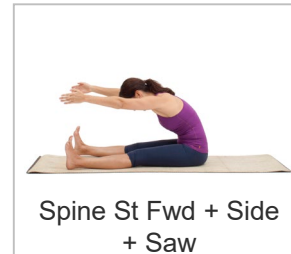
Leg Circles—Small + Large



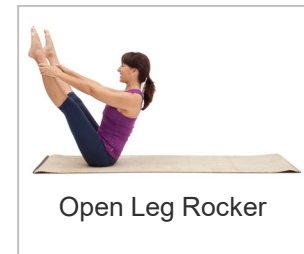
Rolling Like a Ball



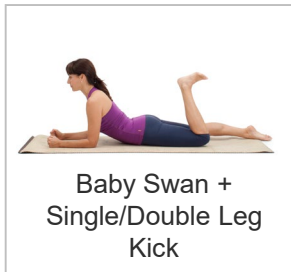
Single + Double Leg Stretch



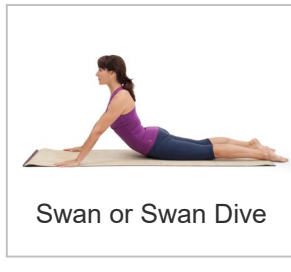
Spine St Fwd + Side + Saw



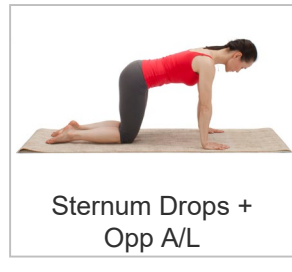
Open Leg Rocker



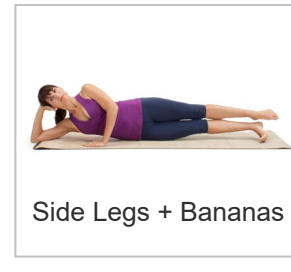
Baby Swan + Single/Double Leg Kick



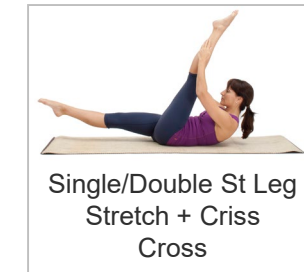
Swan or Swan Dive



Sternum Drops + Opp A/L

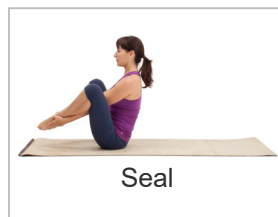


Side Legs + Bananas



Single/Double St Leg Stretch + Criss Cross

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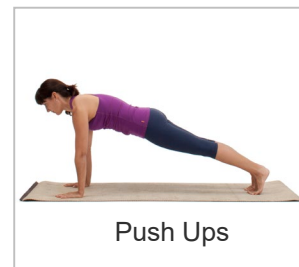
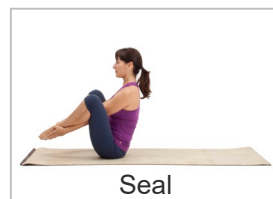
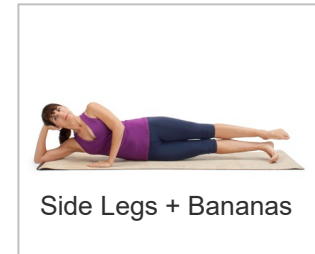
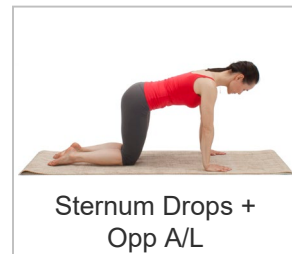
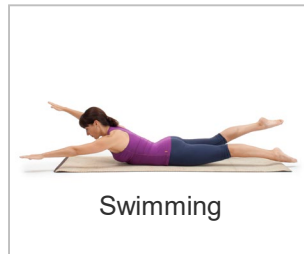
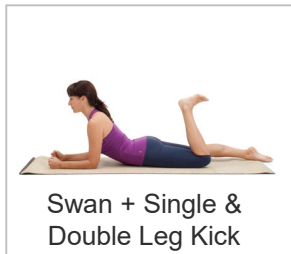
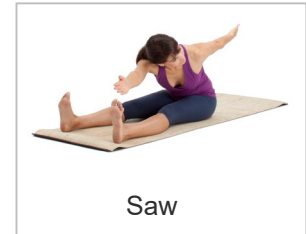
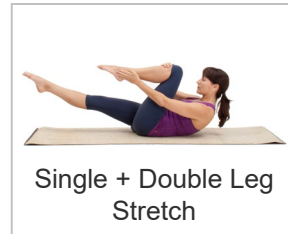
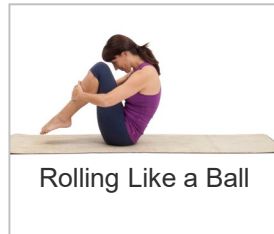
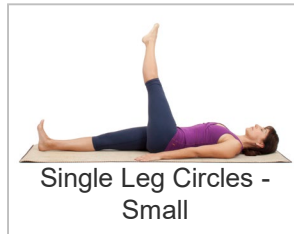
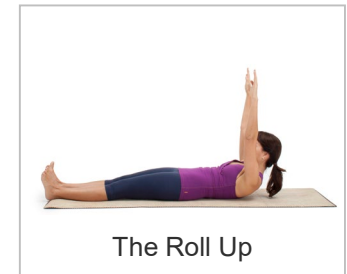
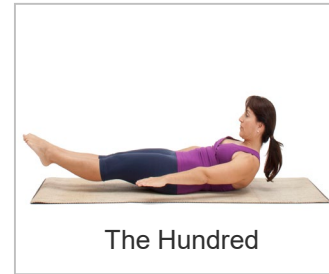
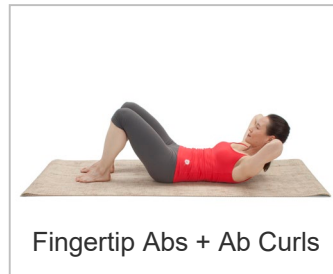
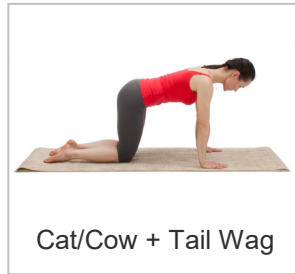
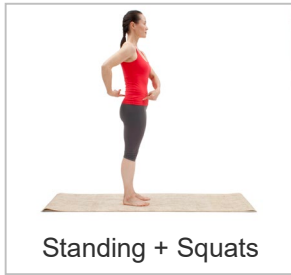
Seal



Mat Push Ups

# Mat 1 Workouts

## Heating It Up



# Mat 1 Workouts

## Trunk Integration

### Abdominal Strength & Spinal Mobility



Butterfly + Knees to Chest + Supine Rotation Stretches



Marching and  
Toe Taps



Abdominal Curl



Oblique Curl



The Hundred



Roll Up



Hamstring  
Stretch



Single Leg  
Circles  
Small



Rolling Like a Ball



Single Leg Stretch



Double Leg Stretch



Spine Stretch  
Fwd



Single Straight  
Leg Stretch



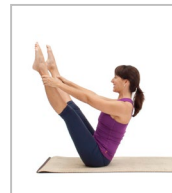
Double Straight  
Leg Stretch



Criss Cross



Spine Stretch -  
Side



Open Leg  
Rocker



Saw

# Mat 1 Workouts

## Trunk Integration

### Spinal Mobility & Strength Focus



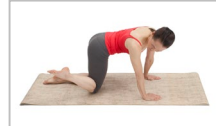
One Lung Breathing



All Fours Abs



Cat/Cow + Poodle Tail



Tail Wag



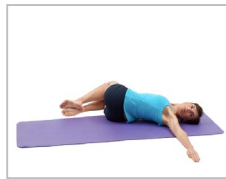
Opposite Arm/Leg



Prone Rockets



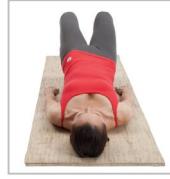
Swan Prep



Supine Twists



Articulated Bridging



Hip Dips + Figure 8



Abdominal Curl



Oblique Curls



Neutral Bridging



Hundreds



Modified Roll Up



1/2 Roll Back



Rolling Like a Ball



Single Leg Stretch



Double Leg Stretch



Spine Stretch Forward



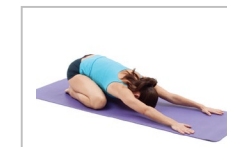
Spine Stretch Side



Swan



Single Leg Kick



Child's Pose



Side Child's Pose

# Balanced Body Pilates Instructor Training Requirements for Completing Mat

## Prerequisites:

10 Pilates Mat Classes required      6 months experience recommended

Complete Movement Principles

Complete Mat Course Work

Mat 1

Mat 2

Mat 3

Complete 20 personal sessions, 15 observation hours and 35 student teaching hours

Take the final exam

# Practice, Practice, Practice!

Your next step is to practice the exercises, practice teaching and share the benefits of Pilates with your family, friends and clients.

Enjoy your practice, engage with your teaching and embody the principles of Pilates!

Thank you for joining the Balanced Body Pilates Instructor Training Program.

We look forward to seeing you for Mat 2!