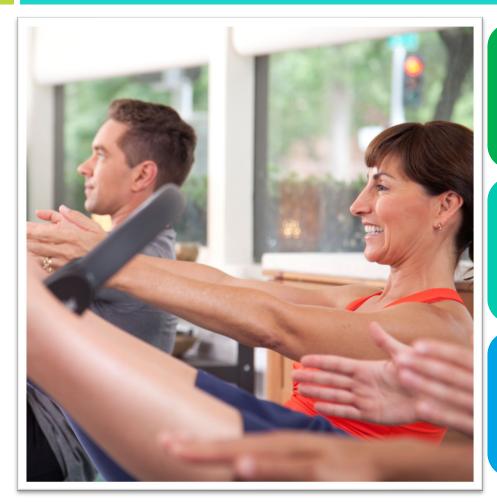
Balanced Body Pilates Instructor Training

Pilates Mat 1: Essential Exercises



Welcome!



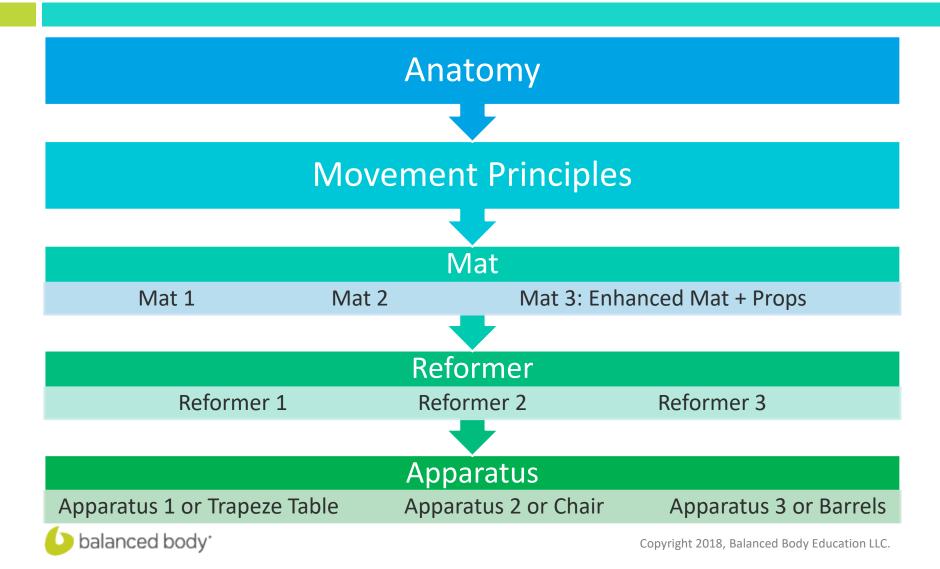
Thank you for joining the Balanced Body Pilates Instructor Training Program.

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!

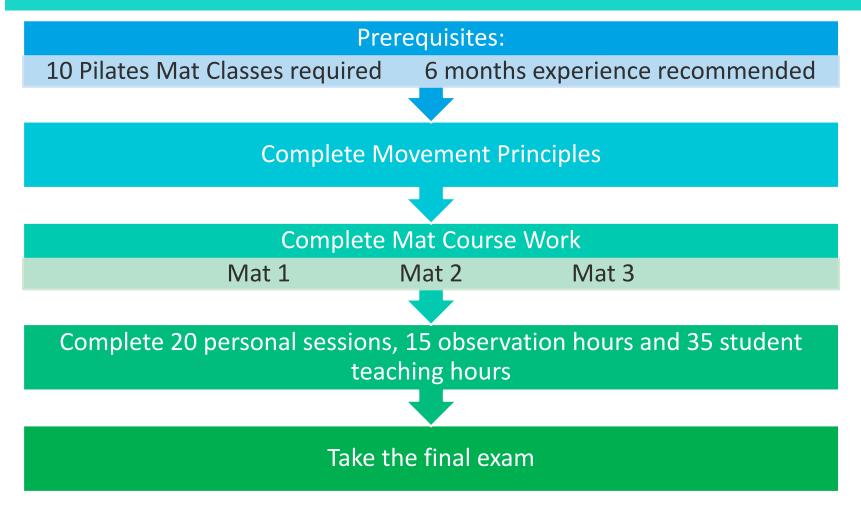
Balanced Body Pilates Instructor Training

Program Organization



Balanced Body Pilates Instructor Training

Requirements for Completing Mat

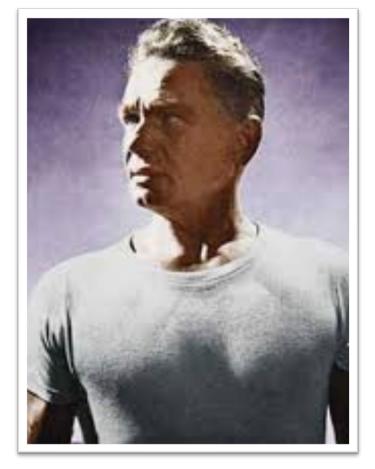




Pilates: The Art and Science of Contrology

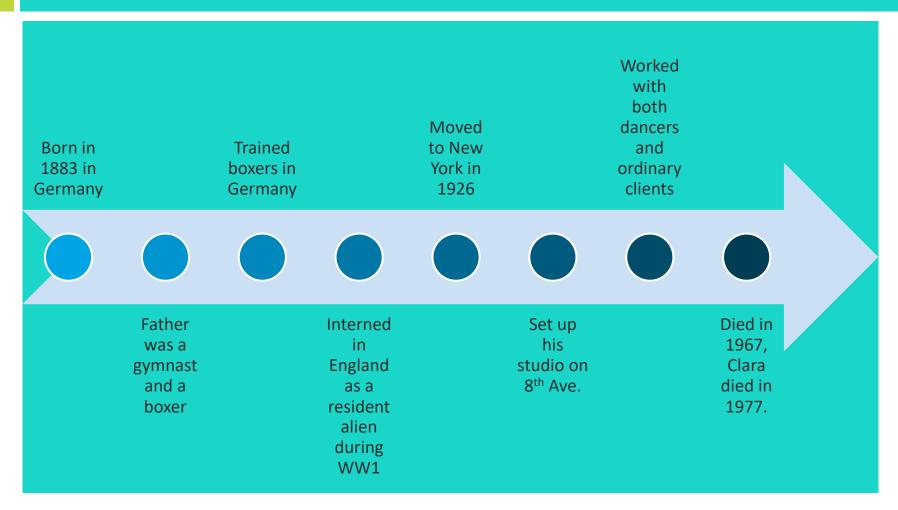
"Through Contrology you first purposefully acquire complete control of your own body and then, through proper repetition of its exercises, you gradually and progressively acquire that natural rhythm and coordination associated with all your mental and subconscious activities.

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 **Joseph Pilates** and taught his work to the next generation. Without their Kathleen dedication, the Carola Lolita San Romana Ron Mary Eve Stanford **Pilates Method** Kryzanowska Trier Fletcher Miguel Bowen Gentry Grant would not have survived.

right 2018, Balanced Body Education LLC.

balanced body*

The Balanced Body Lineage

1st Generation

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

2nd Generation

Michelle Larson,
Alan Herdman, Jean
Claude West, MarieJose 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







Pilates Principles

Breathing

Concentration

Control

Centering

Precision

Balanced Muscle Development

Rhythm/Flow

Whole Body Movement

Relaxation





Balanced Body Pilates

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



Balanced Body Movement Principles

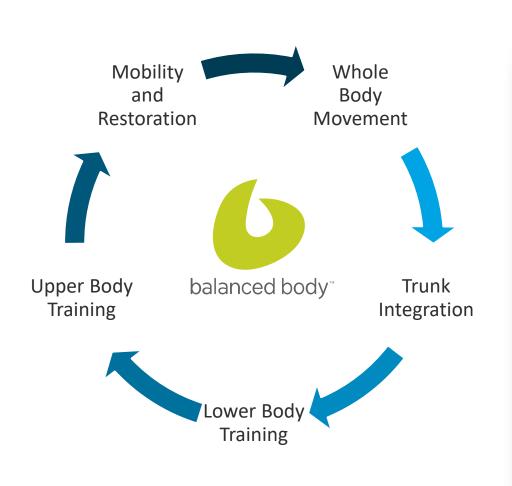
Definition:

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







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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









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.

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:

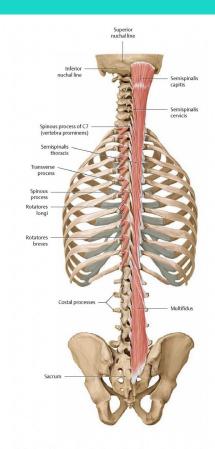
 Sacrum and transverse processes of lumbar through cervical vertebrae. Rotatores, thoracic vertebrae only*.

Insertion:

 Spinous processes of lumbar through 2nd cervical vertebrae. Rotatores span 1 – 2, multifidi span 2 – 4.

Action:

 Torso extension, contralateral torso rotation, spinal segmental stabilization



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



Mat 1 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





Transverse Abdominis & Thoracolumbar Fascia

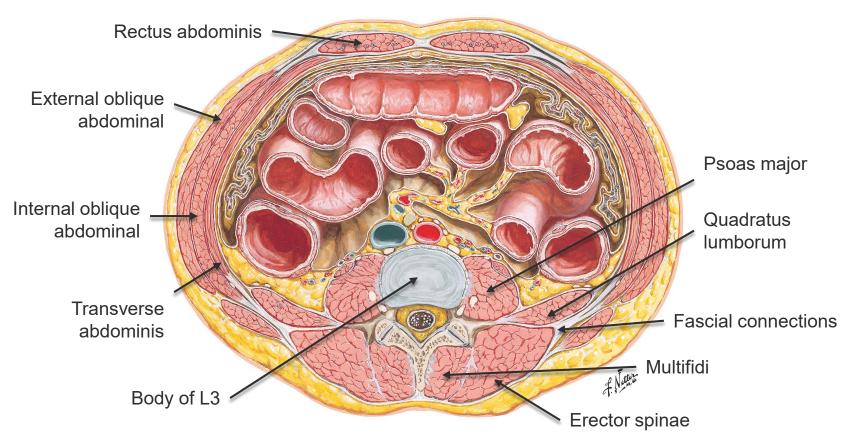
As the TA contracts and tightens the thoracolumbar fascia, the multifidi expand into the fascia creating a stabilizing support around the lumbar vertebrae.

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



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.





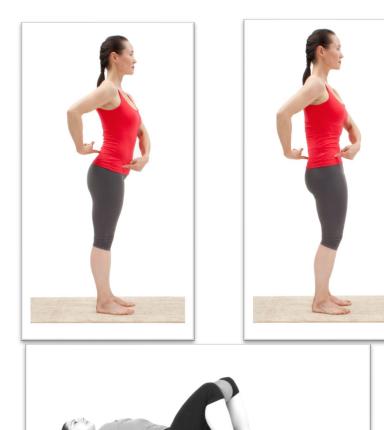
Pelvic Floor Awareness Exercises

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





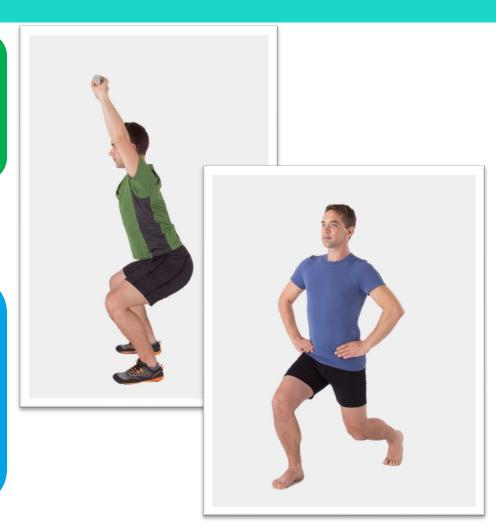
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Mat 1 Inner Unit Activation Exercises – Pelvic Floor

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

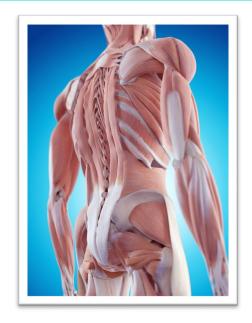
Knee bends

 Use the inner unit to support a neutral lumbopelvic position





Core Activation



Transversus
abdominis and
multifidi cocontract 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



















Ups









Pelvic Floor Engagement

Squats and Knee Bends



Engagement

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.





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.





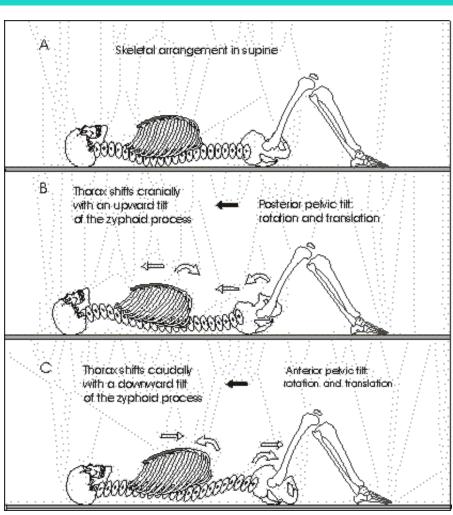
Lumbopelvic Placement

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.





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.



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.



Mat 1 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.

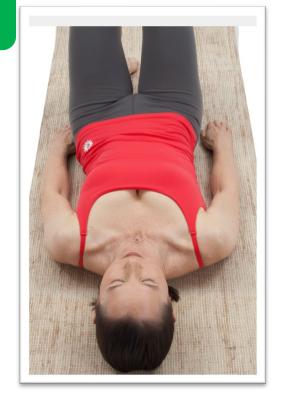




Lumbopelvic Placement Exercises

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





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.

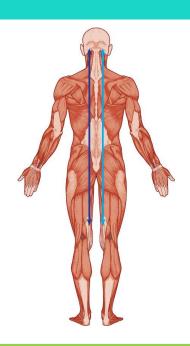
Good core activation combined with the action of the 4 "outer units" is required for lumbopelvic stabilization.

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



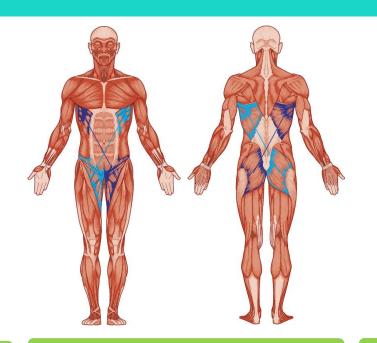
Deep Longitudinal System

 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.



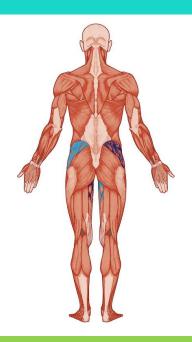


Anterior and Posterior Sling

- •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



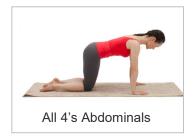
















Pilates Mat 1 Exercises

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







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

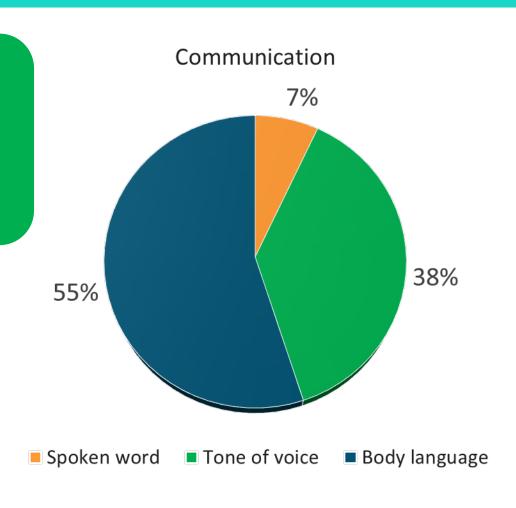




Verbal and Non Verbal Cues

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



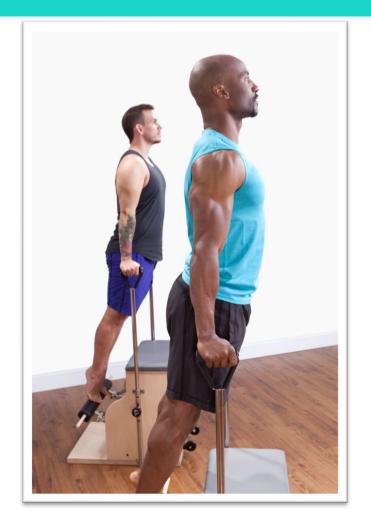


Cueing and Coaching

Provide clear direction

Focus on the experience

Provide the how and the why

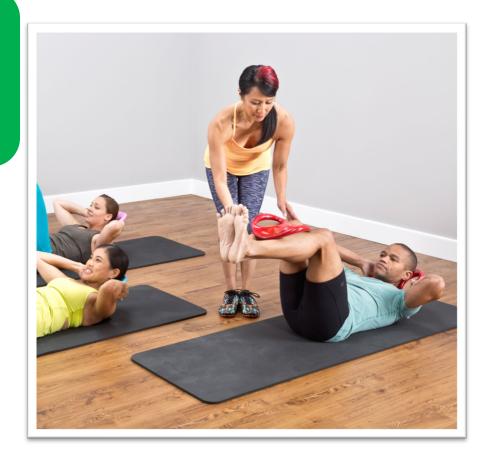




Cueing and Coaching

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





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?"



Cueing and Coaching





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







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

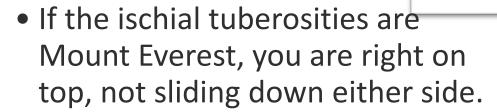




Lumbopelvic Placement – Starting positions

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



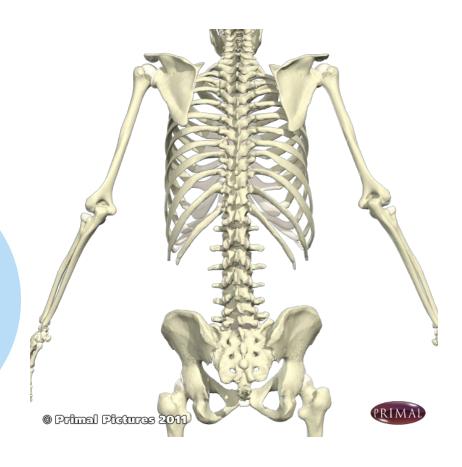


Spinal Strength and Mobility

You are only as old as your spine!

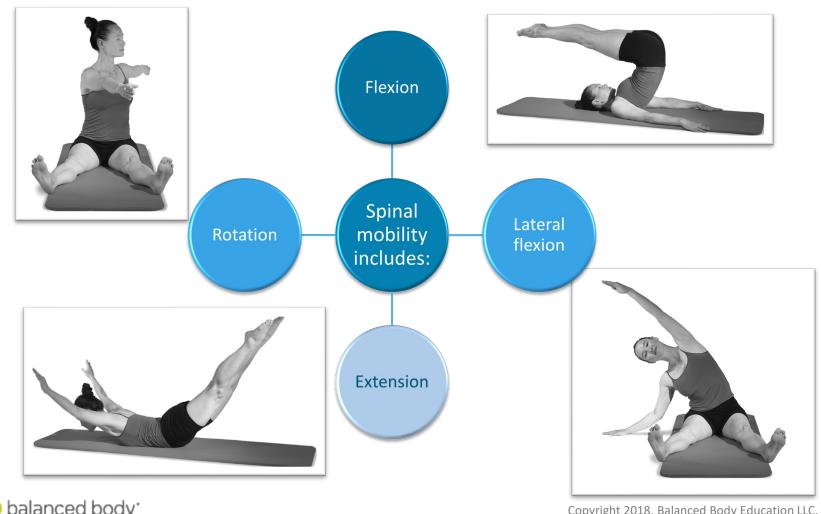
Training
appropriate
spinal mobility is
essential for pain
free living,
optimum
performance and
lifelong vitality.

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





Spinal Strength and Mobility



balanced body^{*}

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Lumbopelvic Placement – Starting positions



Prone

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

All Fours

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



Spinal Mobility Exercises

Cat/Cow

Poodle Tail

Tail Wag

Bridging

Hip Dips

Typewriter

Figure 8's









Pilates Mat 1 Exercises

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

Spine Stretch Forward

Reverse breathing

Spine Stretch Side

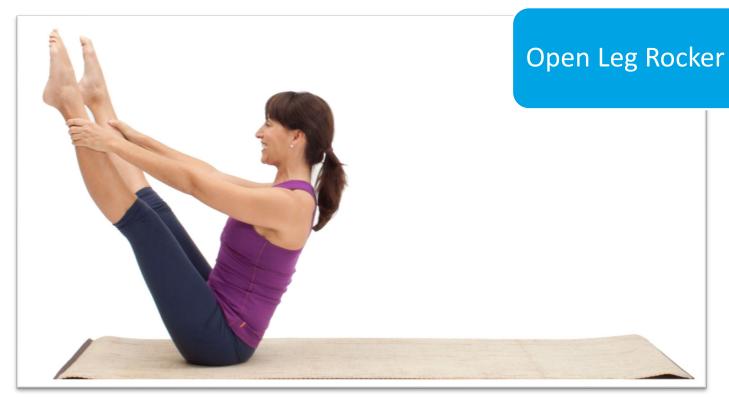
Saw





Pilates Mat 1 Exercises

Focus: Balance – Coordination – Spinal Mobility

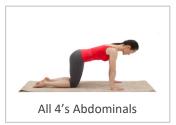




Mat 1 Workouts

Trunk Integration



































Spinal Strengthening Exercises

Rockets



Mini Swan





Pilates Mat 1 Exercises

Focus: Trunk Integration - Spinal Extension

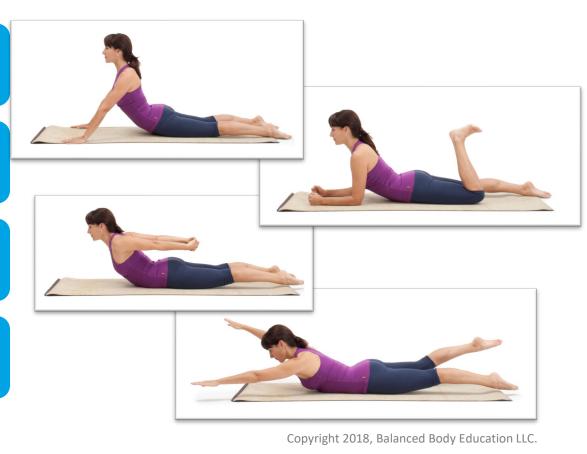
Swan

Single Leg Kick

Double Leg Kick

Swimming





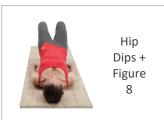
Mat 1 Workouts

Trunk Integration - Spinal Mobility































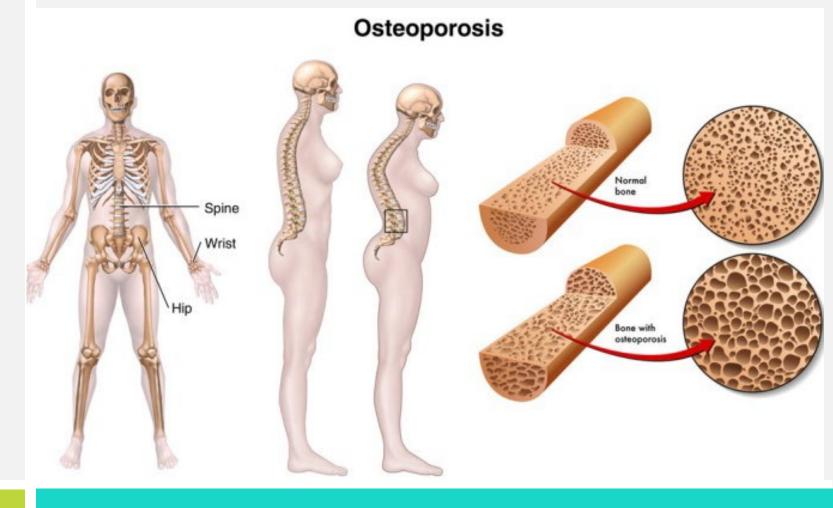












Pilates and Osteoporosis



Mat 1 Workouts

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.

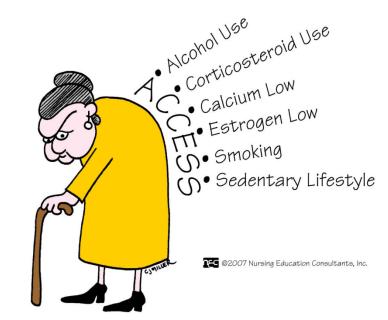
34 million Americans are estimated to have low bone mass, placing them at increased risk for osteoporosis.

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.



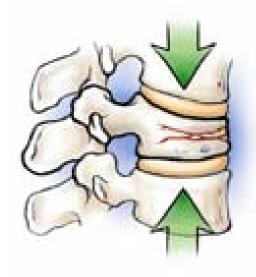
Symptoms

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.





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 then 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 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



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



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



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.



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

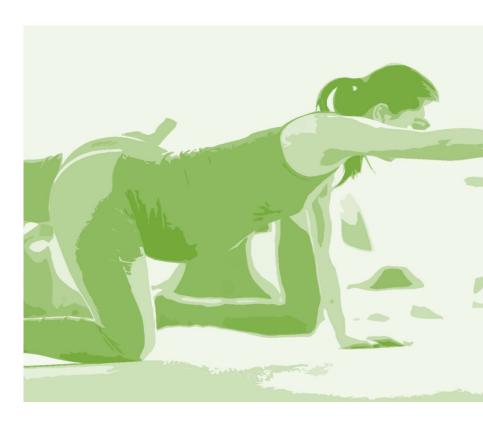
Changes during pregnancy

- 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.

Stages of Pregnancy



1st 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.

1st 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.



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Stages of Pregnancy

Early 2nd 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.

2nd 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 2nd 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

3rd 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.



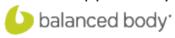


Stages of Pregnancy

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 a small space between the waist and the mat.

 Imagine the torso is sandwiched between two sheets of glass.





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



Pilates Mat 1 Exercises

Focus: Trunk Integration - Spinal Mobility - Balance and Coordination

Seal



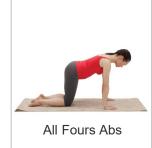


Lower Body Focus



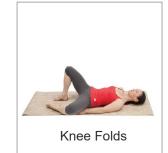






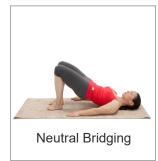






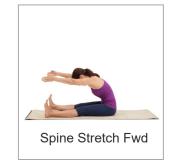
















Lower Body Focus











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









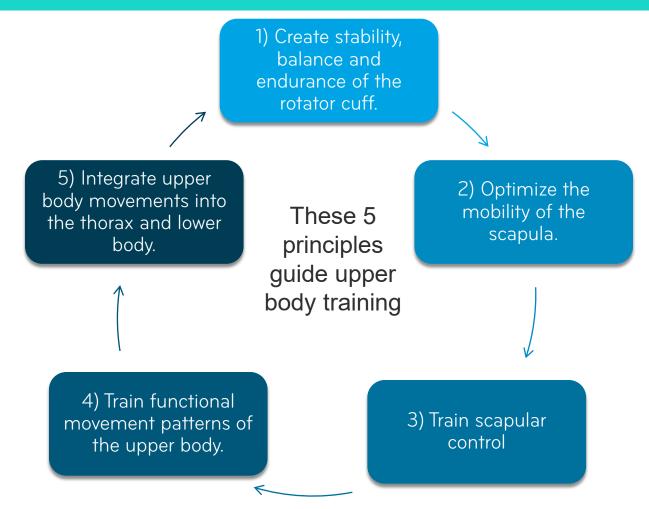




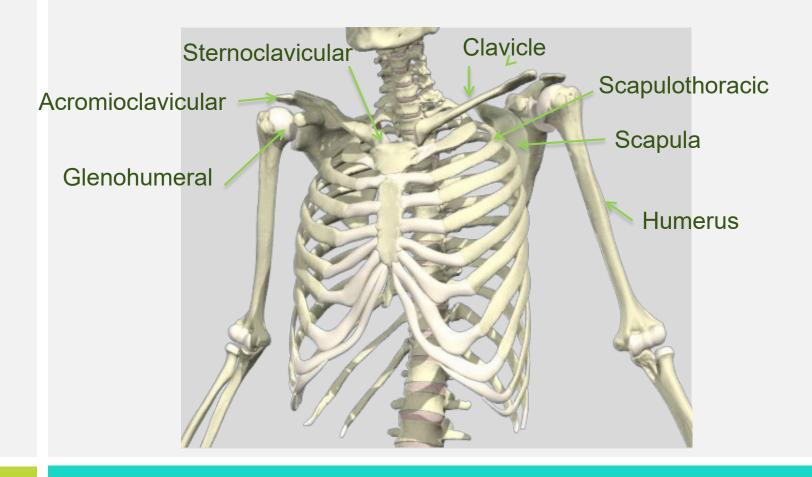




Upper Body Strength and Balance







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









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Pilates Mat 1 Exercises

Focus: Trunk Integration - Scapular Stability

Push Ups





Upper Body Focus

























Introductory Session





























Beginning Session

















Ball



Leg Stretch







Opp A/L











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Intermediate Session























Kick









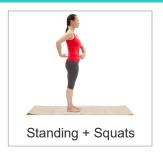
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Heating It Up







































Trunk Integration

Abdominal Strength & Spinal Mobility













Butterfly + Knees to Chest + Supine Rotation Stretches

Marching and Toe Taps

Abdominal Curl

Oblique Curl







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

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



½ Roll Back



Rolling Like a Ball



Single Leg Stretch



Double Leg Stretch



Spine Stretch Forward balanced body*



Spine Stretch Side



Swan



Single Leg Kick



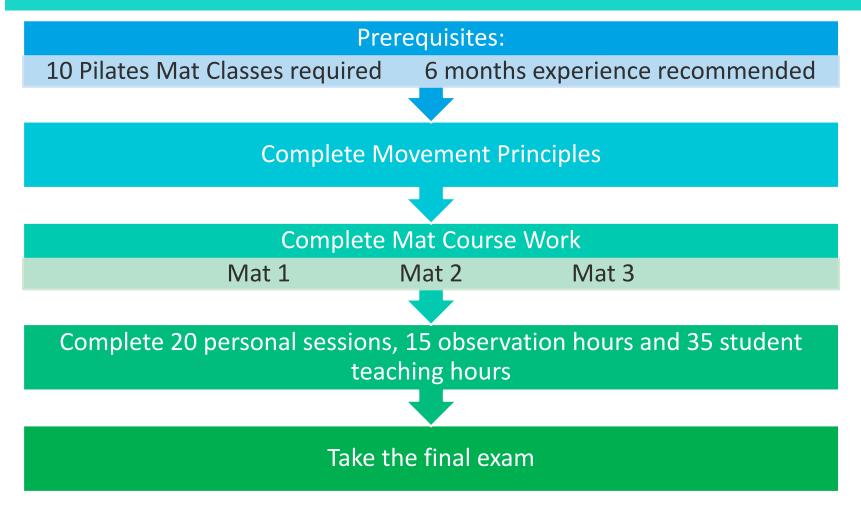
Child's Pose



Side Child's Pose

Balanced Body Pilates Instructor Training

Requirements for Completing Mat





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!

