



Free to Move Clinical Pilates

Frequently Asked Questions

What is Pilates?

Pilates is a system of body conditioning, which helps improve posture, strength, flexibility and core stability. It is named after its inventor, Joseph Pilates (pronounced pi-lah-tees), a physical trainer who worked in an internment camp during World War I. He helped to rehabilitate returned soldiers, using the only available equipment – hospital beds, with the use of springs for resistance. Later he ran a studio in New York. As it was next to a dance studio, he assisted many dancers to overcome injuries. As a result some of the exercises he taught are very challenging, as they were designed for dancers, who required a very high level of strength and flexibility.

What is Clinical Pilates?

Clinical Pilates has been developed by Physiotherapists to help overcome pain and movement problems and assist rehabilitation. Some exercises have been modified to make them safer and more therapeutic. Other exercises have been eliminated, due to the risk of injury, which has been reported with conventional Pilates.

Recent scientific research has shown that sufferers of back pain often have a weakness in specific spinal, pelvic and abdominal muscles, known as the 'core stabilisers'. Learning to sense and activate these muscles is a fundamental part of the Pilates technique. Often the core muscles are not being activated effectively or at the right time. The surface muscles may be over-activated in an attempt to compensate for a weak core or poor postural endurance.



How does it work?

Many Physiotherapists have found that retraining of the deep or 'core' stabilising muscles is essential in helping someone with back, neck, hip or shoulder pain return to optimal function. The carefully controlled stretching and strengthening exercises in Clinical Pilates often involve stabilising one part of the body, while moving another part. This helps you to build up the awareness, strength and endurance in your deep or 'core' muscles so important to good posture and comfortable efficient movement. These muscles are 'stabilisers' and they differ from your main 'movers' in a number of ways.

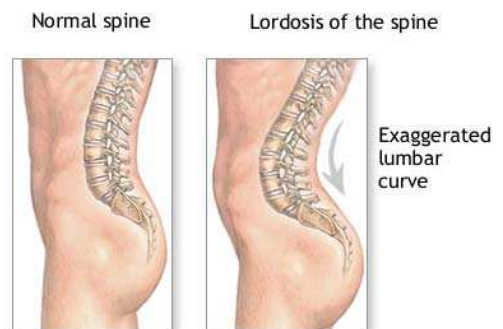
1. They are deeper or closer to the central axis of your body
2. They are extremely important in balance and stability of your spine
3. The fibres of these 'stabiliser' muscles work differently from the fibres in your 'mover' muscles - they are slower to act and not as powerful, but they are able to hold on for much longer to help you maintain good posture
4. It is harder to feel the core muscles working because they are both deeper and thinner than the surface muscles and they are designed to work by 'holding on' rather than shortening and lengthening.
5. When the core muscles are weak the surface muscles (or main 'movers') often take over, resulting in pain, tension and spasm, as these muscles are not designed to hold you up for long periods.

Is Pilates difficult to learn?

Activating the core muscles is not a strenuous activity for the body and yet many people find it difficult at first to differentiate these muscles. It may take a lot of concentration and practice. For some people it feels easy but then certain muscles are sore the next day from unaccustomed use. Others find it takes a few weeks or even months before they are really sure they are activating their 'core' muscles, while keeping the surface muscles relatively relaxed.

What is a muscle imbalance?

Your muscles tend to work in pairs to support your spine and other joints. A muscle imbalance occurs when one muscle group becomes excessively tight and it's opposing group becomes weakened. Muscle imbalance can cause poor posture. Conversely, poor posture can result in muscle imbalance. For example lower back pain can cause muscle tightness in the lower back, resulting in a 'sway back' (over-arching). The opposite group (the abdominals) then cannot work as efficiently, so it becomes harder to activate and weakened. Conversely, weakened abdominal muscles following pregnancy can result in lower back tightness resulting in a 'sway back'.



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What are some other common imbalances?

Podiatrists tell us that 70% of Australians have pronated feet (dropped arches or flat feet). This can affect the alignment and cause muscle imbalances around your ankles, knees, hips and spine. In the neck and shoulders, the muscles that pull the shoulders forwards and upwards tend to be too tight or over-active in some people. The muscles that pull the shoulders down and back tend to be too weak. Other common imbalances occur in the rotator muscles of the shoulders and hips and in the inner and outer quadriceps muscles of the knee.



How can muscle imbalances be corrected?

Clinical Pilates helps to correct these common imbalances by strengthening the weaker groups and stretching the tight muscle groups, helping you to find neutral alignment. To find out whether or not you have any muscle imbalances, see your Clinical Pilates Physiotherapist for a detailed assessment. When you are doing your Pilates exercise programme with Free to Move, your Physiotherapist will be checking that you are in a 'neutral alignment', helping you to overcome muscle imbalances and to get your core muscles working.

What are the benefits of Clinical Pilates?

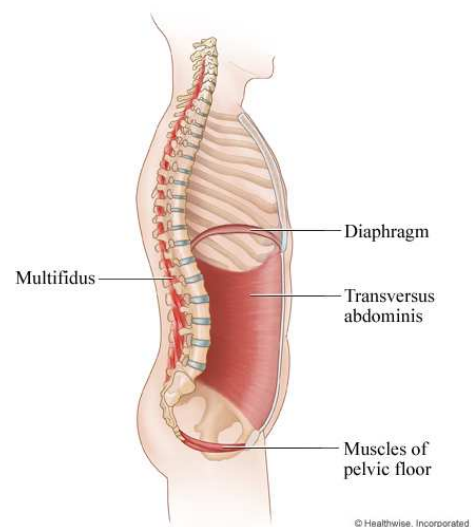
The main benefits are improvements in strength, flexibility, concentration, breathing, balance, coordination, posture and body awareness as well as relief of many chronic aches and pains. Clinical Pilates is also helpful for those with pelvic floor muscle weakness, as most exercises incorporate the pelvic floor as part of the 'core stability' system.

What conditions can be helped?

Clinical Pilates helps conditions such as arthritis, generalised stiffness or lack of strength, posture problems or scoliosis, neck or back pain, sciatica, headaches, shoulder, or hip pain. It's safe for most people with arm, knee or foot pain and is excellent for pregnant and postnatal toning. Pilates does not provide cardio-vascular exercise, so fitness activities such as regular walking, cycling or swimming are also recommended as part of your exercise regime, especially if you need to lose weight.

What are the main principles of Clinical Pilates?

1. **Maintain the normal spinal curves** (slight arch in the lower back = neutral alignment). Your Pilates Physiotherapist may advise you to make small changes to your posture or position to help you find a neutral position. This helps ensure that you activate the correct muscles and avoid over-activating other muscles.
2. **Keep your shoulders back (to neutral) and down.** The common pattern is for the muscles that pull the shoulders forwards and upwards to be over-active, resulting in neck pain, headaches or 'round shoulders'.
3. **Breathe in during the hardest part of the movement.** The diaphragm moves down when you breathe in to help create a 'cylinder' of muscles which support the spine.
4. **Pull up your pelvic floor during the hardest part of the movement.** The pelvic floor helps create the floor or base of the cylinder. It also helps you to engage the Transversus Abdominis muscle, since the two muscles are connected near the front of the pelvis. The Transversus wraps around from your back to your front, almost like a corset, forming the sides of the cylinder and helping to support your spine.
5. **Slow, smooth, even movement, in time with breathing.** This helps improve your coordination and muscle function.



What are the stages of learning in Clinical Pilates?

1. Poor awareness of posture, muscle use and inefficient movement habits
2. Developing an awareness of posture, muscle use and movement habits, but unable to make changes
3. More aware of posture, muscle use and movement habits and able to consciously make changes and improvements. Pain and tension decreasing.
4. Much more aware of posture and muscle use, comfortable and efficient habits have developed which don't require conscious attention or correction, pain and tension are either well managed or eliminated.



How long will it take until I feel better?

Different people progress through these stages at their own rate. The ability to learn and incorporate the new patterns of muscle use varies widely. Although some people have underlying structural problems which cannot be changed by exercise, most pain and movement problems have a functional component, which means that they respond well to changing how you move and use your muscles.

While Clinical Pilates is usually not a 'quick fix', some people experience pain relief as soon as they become more aware of how their posture or movement is aggravating their condition. Most people take around 6 weeks before they feel a real difference. You should not expect to experience a long term change unless you are willing to commit yourself to 6 to 12 months of regular practice

