Pilates is an exercise form that focuses on developing core stability and flexibility. It can successfully address muscular imbalances related to postural dysfunction and focuses on full-body integration to restore normal movement patterns.

USEFUL TOOL FOR REHAB

The rising popularity of Pilates within the fitness industry and rehabilitation settings has significant implications for physical therapists. PTs will likely encounter patients who already participate in and want to return to Pilates training. For those who have never participated in Pilates, it can be a useful tool in their rehabilitation.

The Pilates Method was developed by Joseph Pilates during World War I when he was placed in a forced internment camp in England with other German nationals. A lifelong health enthusiast, the method evolved through his work with sick and injured detainees. The Pilates Method was first introduced in the United States in the mid-1920s when Pilates left Germany and began working with the dance community in New York.

Despite the early use of Pilates with the injured, it wasn’t until the 1980s that physical therapists began to incorporate Pilates into treatment. First introduced into the specialty of dance medicine, when research supporting stabilization as a treatment for lumbar and cervical spine dysfunction emerged, PTs recognized the potential of Pilates as a rehabilitation tool.

Pilates has implications for use with a variety of patients including those with lumbar and cervical spine dysfunction, osteoarthritis and post-operative conditions. The principles of Pilates (centering, concentration, control, precision, breath and flow) are concepts that are a focus within a comprehensive treatment plan, making Pilates a natural complement to physical therapy.

Mat work is commonly used within PT-based Pilates for the rehabilitation of injury. Based on a sequence of floor exercises developed by Joseph Pilates, mat work develops dynamic stability, encourages postural alignment and improves flexibility. Mat exercises do not require any additional equipment, allowing a program to be easily incorporated into a group class format or home exercise program.

EQUIPMENT

Various pieces of equipment are used to enhance Pilates training, assisting with the completion of an exercise for patients with less strength and stability or increasing the difficulty of an exercise for later-stage rehabilitation.

Created when Pilates discovered that hospital bedsprings provide assistance or resistance for injured patients, the Reformer is the most widely used spring-based apparatus. Modern reformers vary in features and design, but all utilize the concept of progressive resistance—as springs lengthen, resistance increases. The Reformer can be an essential part of a rehabilitation program for patients who are unable to complete traditional mat exercises. It provides a stable base for individuals lacking core control and is extremely adjustable, allowing patients of all conditions to benefit from its use. Exercises on the Reformer may initially be performed in the supine position to provide stability, but can progress to more functional positions including sitting and standing.

Another common Pilates apparatus, the Chair, was originally named for its use as a sitting chair. Like the Reformer, the Chair incorporates the use of springs as progressive resistance. Because the Chair is extremely versatile, exercises can be performed sitting, standing and lying down, encouraging postural awareness, functional strength and endurance. Its compact size makes it easy to incorporate into a clinical setting.

Today Pilates is offered in many formats including one-on-one training with an experienced instructor and group classes provided in a studio, rehabilitation facility or gym. It can also be part of an effective home practice. Physical therapists are trained to observe movement dysfunction and identify postural faults. As experts in anatomy and injury processes, with the appropriate Pilates education, they are well poised to incorporate Pilates into their practice.

Instructors who wish to include Pilates as a rehabilitation tool should have proper training to understand the repertoire and develop appropriate modifications for their patients. Currently, there is no single training program or certification for Pilates instructors. Methods vary and programs range from weekend courses to year-long trainings.

There is evidence that Pilates is an effective form of therapeutic exercise to treat many common dysfunctions. While some research exists, more is needed to support what practitioners and patients report.

The information for this Clinician’s Guide was provided by Sydney James, MSPT, owner of Presidio Sport and Medicine, San Francisco, CA.

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