Pilates: A Natural Fit for Wellness Programs

When I discovered Pilates several years ago, it was as a patient, not a therapist. After suffering from severe lower back pain and receiving little relief from conventional treatment approaches, I tried Pilates. After 10 sessions, my pain was gone and I was convinced that Pilates was an effective therapeutic method to build strength and improve muscle coordination.

Pilates, which is based on the principles of breathing, concentration, control, center, flow and precision, is a suitable addition to a wellness program. Pilates focuses on posture, muscle performance and motor control—the same concepts that form the basis of most orthopedic rehab and therapy.

RESTORE MOVEMENT
Pilates exercise can be performed on a mat or with equipment, such as the Reformer or Cadillac. In most therapy scenarios, equipment-based Pilates is preferred because its system of ropes, pulleys and springs can resist or assist movement.

This allows participants to accomplish exercises they may not be able to perform on a mat.

By using Pilates devices, clinicians can help patients relearn movement in a safe, pain-free situation. Clinicians can place the spine in a zero gravity position, work the extremities in a closed-chain position and improve postural responses.

Many corrective exercises performed on the Reformer or Cadillac incorporate eccentric and concentric contractions, a full range of joint movements and core stability work. These exercises also focus on proper spinal alignment, articulation, breathing and timing of muscle recruitment. Pilates facilitates proper movement and structural patterns in a way that is patient friendly, adaptive to a diagnosis and functionally applicable.

However, it’s imperative to take the time to understand the exercises, specialized equipment and application of the Pilates method. If you’re not familiar with these concepts, outcomes can be less effective and you may even cause injury to patients.

Although clinicians can learn components of a rehab-based Pilates program in a relatively short time, you should find a certification curriculum recognized by the Pilates Method Alliance. Adhering to these standards ensures the quality and integrity of the program.

ADAPTING A PROGRAM
Pilates exercises can be adapted to benefit different patient populations. Pilates can be an effective form of therapy for people with neuromuscular disorders such as Parkinson’s disease and autism. One of my patients had thoracic spine fusion due to a tumor removal in the region. Because of the trauma caused by the tumor and surgery, there was a significant amount of nerve damage and muscle compromise, specifically in the abdominals.

Using the Reformer, I created a postural response for recruiting the proximal stabilizers with upper-extremity movement. By increasing postural strengthening and coordination of core stabilization and recruitment timing, the patient regained his ability to walk without a cane, significantly decreased his fall risk and returned to near-normal functional levels.

PILATES FOR SPINAL INJURIES
Pilates is also useful for people with spine and back injuries, as well as stress incontinence. Pilates can benefit many patient populations.

Take the situation of a 56-year-old man, who was actively hiking, cross-country skiing and biking. After experiencing severe back pain and loss of function, the patient underwent an MRI that showed multi-level moderate to severe degenerative disc disease, moderate to severe degenerative joint disease of the lumbar spine with an autofusion at L4 through L5, significant left lumbar scoliosis and a dramatic left lumbar shift. He also presented with severe right buttock pain radiating into the right leg, significant lumbar spine instability at L1 through L3, and poor to fair recruitment/coordination of the deep abdominals and pelvic girdle muscles.

After the MRI, he had four separate courses of physical therapy, none of which impacted his return to function. He wanted to avoid surgery, so his physician referred him for a trial of Pilates-based rehab. I used the Reformer to get the patient in a weight-bearing position with minimal load on his spine. This allowed him to work on functional positions and movements without pain. After six weeks of Pilates, two to three times per week, the patient was able to return to his usual activities without back pain.

For a follow-up, I developed a program that included basic Pilates mat exercises and modified equipment exercises. Exercises included footwork, hip work (feet in straps), arms supine (hands in straps), seated box work, modified full body integration exercises such as scooter or double-knee stretch, and assisted roll downs. Pilates-based rehab was the only thing that worked for this patient, who had a complicated list of dysfunctions.

There may be many others in similar situations. Making Pilates part of a wellness program gives you multiple treatment options.

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