

Mat - Contrás

Version 5 – 25/8/12

At Risk From Lymphodema

- **This one isn't on the Polestar course – but IMHO, IT SHOULD BE!**
- My wife is a volunteer therapist for Cancer Care in Unley (Massage, Bowen, Kinesiology) and she has seen many cases where under arm Lymph nodes are removed as a standard part of mastectomies.
- Of course, in a gym situation, it's one thing asking if anyone has Oesteo etc but you can't really can't go asking "Who's had a breast removed"..... (*especially* when you're a MALE instructor)
- Instead, as part of my screening, I ask if there's "...anyone who would be a RISK of Lymphodema – you'd know if you were".
- Lymphodema ("elephant arms") is extremely painful. There is NO (known) cure.
- So, what's the contra here? Weight bearing, over stretching around affected limb and heat
- If any under arm lymph nodes have been removed, it is absolutely ESSENTIAL to start weight bearing ACTIVITY (ie upper body) E-X-T-R-E-M-L-Y slowly
- PLENTY of regressions – ie no full push ups – start with plank on elbow/knees, several MONTHS later, then progress to plank on elbows/straight legs, several months later, then progress to push ups (on knees) and so so.
- Obviously no hard and fast rule regarding how long before a full push up (for exmple) can be performed but it wouldn't be inside of 6 months!... (Again, individual circumstances etc – if the person was extremely fit beforehand, maybe a bit sooner).
- Moves like Side Lift and Twister are OFF THE CARDS FOR A L-O-N-G TIME
- Compression garments on the arm at risk should also be always be worn during ANY exercise – not just weight bearing
- STOP immediately if an of the following are noticed:
Odd sensation in finger/hand/arm, feeling of heaviness in finger/hand/arm, swelling in fingers
- Heat: People at such risk must AVOID saunas, hot baths, showers – heat in general. Do NOT let them over-heat in your class!

Oesteo – Porus Bones / Esp Anterior

- **No Flexion or Rotation**
(Lateral flexion ie mermaid - is ok so long as careful not to go into flexion)
- Reason: damage to the anterior part of spine
- Can modify Category 2 moves by keeping Head Down and doing just legs
- Mermaid et al are OK – ie Lateral flexion fine (M1 page 10 says otherwise but triple checked with Jen)
- Bridge may also be ok if taken carefully as it is not too load balancing

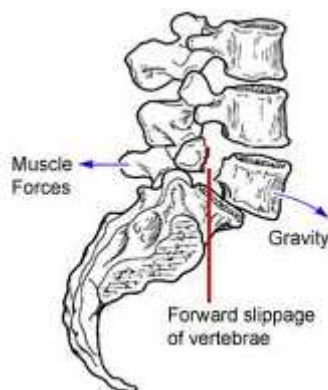
- NB: Jen adv standing roll down IS ok! Reason: It's flexion BUT SUPPORTED flexion is OK – ie the flexion is eccentric and assisted by gravity. The contra flexion for Osteo is LOADED flexion – ie flexion under your own efforts and not having gravity to assist!
- Try and encourage gentle spine extension – ie Dart
- **Note: Even if the person feels no pain, if they have osteoporosis, they must not do LOADED spinal flexion – PERIOD.** They can cause wedge fractures at the front of the spine. Pain isn't the early warning with this pathology. Damage can be occurring BEFORE the pain kicks in. Additionally, if there IS pain, STOP STOP STOP – ensure clients know that it is NOT a good idea to 'push through'. If they want that kind of nonsense, go join an Ab-Crunch class at the local Lyrca Bunny Fitness Centre.....

Stenosis – Narrowing Of Nerve Canal / Posterior

- **No Extensions or Lateral Flexion**
- Nb lie on side / raise leg is ok as this is the LEG moving not the SPINE

Spondy – Forward Slippage Of Vertebrae

- **Extensions Contra'd**
As this will further push the vertebrae more forwards



Quadruped is good for spondy – although works the extensors, it is NOT an extension exercise

Disc Herniations

- **Acute Disc Herniation**
Avoid Supine if this aggravates
- **Disc Herniation**
LOADED flexion contra'd

Bulging Disc

- **No moves such as "Rolling Like A Ball"**

Sciatica

- Roll Down, Swan 1, Seal, Teaser – ie avoid excesses of flexion and extension
- Focus instead on lengthening spine – ie quadruped, bridges, maybe gentle forward bending and partial roll up

Incase due to piriformis syndrome- do the stretches
- supine knees on way/arms the other (/ book openings)
- supine, knees up, hold one thigh

Facet Joint Syndrome – Side Of The Vertebrae

- Lateral flexion towards the affected side is contra'd
- Often find this in scoliosis sufferers (ie S shaped spine)

Total Hip Joint Replacement

- No hip flexion > 90 degrees
- No adduction
- No internal rotation

Hypertension / Glaucoma / Gastric Reflux

- No head below heart positions – esp inversions

Neurological Conditions (Parkinsons, Musc Sclerosis)

- Avoid over fatigue or over heating

Abdominal Hernia

- Depends how long they've had it and if has been treated (ie 'patched')
- If recent and/or not 'patched' treat as for Disastisis Recti (see Pregnancy – 4th Trimester section)

Pregnancy – 1st Trimester

- Avoid too much abdominals
- Start focusing on P/F and neutral spine to work obliques and TA

Pregnancy – 2nd Trimester

- As per 1st Trimester plus:

- **Inversions:**
OK – if client can exercise suitable control
- **Supine / Towel under RHS :**
Baby weight on Vena Cava – fainting/tingling hands, prop up right side
Alternatively, have two bolsters across each other at right angles – and use these two have woman lying with head/torso up at an angle about 45 degrees
- **Avoid long lever loading of lumbar spine**
as can cause rectus bulge and poss disastis issues

nb Dead Bugs (with one foot on floor)(subject to the Vena Cava rule) as these use the pelvic floor and Tas NOT the abs (unlike Femur Arcs which have both feet off floor)

Pregnancy – 3rd Trimester

- As per 2nd Trimester plus:
- **Relaxin Hormone**
Hormone to assist openng of hips during birth. **Be aware of balancing exercises** in 3rd Tri and '4th Tri' – ie apart from balance issues with centre of gravity in 3rd Tri, wobbling on one leg, coupled with relaxin in body, possible to **dislocate** joints

Relaxin exacerbates existing pathologies – ie lordosis, knee joint problems so ask for injury history
- Avoid too much flexion (bending fwd over legs)
- Inversions:
Not contra-indicated in 3rd Tri – but probably most likely too difficult!

Pregnancy – “4th” Trimester

- **Relaxin Hormone**
Hormone to assist openng of hips during birth. **Be aware of balancing exercises** in 3rd Tri and '4th Tri' – ie apart from balance issues with centre of gravity in 3rd Tri, wobbling on one leg, coupled with relaxin in body, possible to **dislocate** joints

Relaxin exacerbates existing pathologies – ie lordosis, knee joint problems so ask for injury history
- **No exercise where uterus and hips go above heart – risk of embolism**
– eg **no Bridging / Inversions**
(reason: need to be aware of possibility of air trapped in uterus and being forced back into maternal bloodstream – ie embolism / (rules out a lot of stuff like bridge)
- **Disastisis Recti**
With a large gap along the Linea Alba , the last thing to be doing is ab work. This would be a disaster waiting to happen. Need to focus on P/F and neutral spine to work obliques and TA –

ie the muscles to wrap around and start CLOSING the gap. Hands up who has heard of Lyrca Bunnies doing ab-crunches soon after giving birth to regain flat stomachs. Path of least resistance chaps – if there's a gap, you run the risk of a hernia bulging through...