

Pilates

Version 1 – 20th July 2012



Pregnancy & Pilates - Course Notes

Scope

This document is written for Pilates Teacher Student / Practitioners

- It summarises the points I 'took away' from a Polestar course entitled "Women's Health"
- This was a weekend course on Pilates with focus on developing exercises for clients who are pregnant or with a history of pelvic pain, incontinence, diastasis recti and/or pelvic floor dysfunction

Screening / Questionnaire

- Always ask whether GP / Obstetrician approval in place – a verbal will suffice
- Have a handout prepared to give when a client advise they are pregnant (see my separate document – I have a combined document/handout and questionnaire)
- Ask whether have had previous children, how long ago, gaps inbetween – ie need to establish how 'acclimatised to being pregnant' the person is. Similarly, ask if on IVF – ie if so, even more critical to ensure GP / Obstetrician approval in place and mayhap take it even more 'softly softly'. Maybe also justified asking if any previous miscarriages – again, for similar reasoning.
- If in 4th Tri, ask if V or C delivery. Any tears? practical implication tba Also whether baby was prem – something about hormone not being released – practical implication tba
- V delivery – can come back at about 2 weeks post partum, depending upon bleeding and other complications
- Relaxin hormone (3rd/4th trimesters) will exacerbate any existing pathologies – ie lordosis, knee joint issues etc – so ask about prior injuries (ie ones that aren't solely on the usual contra-indications list such as oesteo, stenosis etc)

Tips / Sundry Notes

- When the Diastasis Recti gap gets to two fingers in size, time to start log rolling out of bed
- Start thinking P/F all the time, eg before log roll out of bed, before rotating to get into car etc
- Lots of upper arm / shoulder strength needed to cradle, rock, feed baby– don't go soft on the push ups
- Same goes for squat strength – esp if a squatting birth is envisaged
- Foam Roller – lying over, arms hanging down - great for stretching pecs that get tight due to cradling, feeding, heavier boobs etc
- SIJ – Sacro Iliac Joint Belt and TubbiGrip – recoveryshorts.com.au
- Relaxin hormone may also loosen wrist joints to an extent tingling / carpal tunnel sensations when doing push ups / quadruped etc – in which case, onto elbows instead
- Mermaid stretches – you'd think that in 3rd Tri, with ribs already stretched to the limit, a stretch like Mermaid wouldn't be that comfortable – apparently, not so! Seems very good for giving a lot of tight intercostal and oblique relief – go figure!
- Sitting on a fitball / gentle bouncing (even in 3rd Tri) is very good for P/F proprioception
- Glutes and piriformis etc will be very tight due to the relaxin hormone in 3rd / 4th Tri – reason: as the hips become more unstable due to this hormone, the muscles in that region have to work extra hard to maintain stability of those joints – hence, lots of piriformis stretches and tennis/franklin ball massage... (ie literally sit on these small type balls and use them to

massage the perenium!.... – Also, for similar reasoning, lots of foam roller massaging of hips and ITB

- Warm ups / cool downs – esp in 2nd/3rd Tri – allow a lot longer – reason my more blood supply – takes longer to get it around to all the organs/muscles
- Sit on fitball – one leg raised – push it away with opposite hand – great for cross sling work
- No harm can come to baby if mum lies on her front. It's highly unlikely mum will find this particularly comfortable mind you! Likewise, falling asleep supine, trapping vena cava will not happen during sleep as unconscious reflexes will prevent this. In a class situation, the mother to be makes a CONSCIOUS decision to lie supine – hence need to slightly elevate her RHS when supine.
- Advise a 3rd Tri woman to go home and out feet above heart after the class – reason tba
- By start of 3rd Tri, Rectus will have gapped along line of linea alba – at this point, no supine crunches or will exacerbate (path of least resistance) the issue – start focusing far more on IO/EO/TA. Same goes in 4th tri – no ab crunches to get tummy flat again!
- A mantra to un-tense when in labour “I let you go and welcome you into the world”
- 4th Tri – watch / work on postural things – ie rounded shoulders, wrist flexion (cradling/holding baby) – ie lying on foam rollers, nag shoulders back and down (!), prayer hands to stretch wrists the other way
- 4th Tri – If C section, remind the client C is not a delicate operation, is apparently quite rushed – hence scar massage very important – if there's a lumpy bit inside scar, sometimes ultra should can disburse
- 4th Tri – C section – anteriorly tilted / hunched – encourage the client backwards – ie pelvic tilt, stretch hip flexors etc

P/F, P/F and More P/F

- Crucial to do lots – not just the level 1 to 5, slowly and then quickly but also go level 1 to 10 (out of 10), and then KEEP GOING to 12 out of 10 – ie to the extent glutes are trembling!
- Good teaching methods: Fingers underneath sitz bones – visualise drawing sitz bones inwards and then upwards

Bridge – Great Move For P/F Awareness

- Either usual way or try with knees TOGETHER, feet apart (supine, crook lying position)
- Even add a fitball into the mix – ie ankles wide on fitball, knees together
- If knees together, don't have to come up whole way

- Float navel, roll marble to 12 etc, activate P/F through the levels out of 10, ie 1, 2, 3 and by about 4, feel P/F pulling hips slowly off floor, sitz bones to back of knees – make it about P/F driving the move.
- With the extension of knees together/feet apart, greatly enhances sensation of P/F driving the work
- Also, imaging lying on a skateboard – ie P/F has to pull hips towards knees lest you roll backwards on the skateboard

Warning Signs To Terminate Exercise

- Probably better to have a handout prepared as soon as client advises she is pregnant – that way, you don't have to ask in each class "have you bled today!"
- Vaginal bleeding
- Amniotic fluid leakage
- Unusual shortness of breathg
- Dizziness
- Heacaches
- Chest pain
- Calf pain / swelling (need to rule out thrombophlebitis)