

EXTREME CLIENTS

Five teachers recount how they helped their most challenging clients.

by Anne Marie O'Connor

Every day, Pilates performs miracles, even on people medical professionals haven't been able to help. But even experienced teachers can feel apprehension when a client with a rare condition, a severe injury or a seemingly unachievable goal signs up for a session.

"Every injury is individual," says Matt McCulloch, co-founder of Kinected Center in New York City and co-director of the Kane School. "You can't predict the outcome for some of these dramatic situations, especially the more extreme ones, so there's always a certain amount of pressure you feel." To bolster instructors' confidence when working with challenging conditions, we asked five experienced teachers to tell us about their clients with the most extreme issues.

THE WHEELCHAIR USER WHO DISCOVERED HER INNER ATHLETE

THE TEACHER: Gina Lang is an instructor at RWJ Fitness and Wellness Center in Old Bridge, NJ.

THE CLIENT: Melissa, 38, was born with sacral agenesis, a congenital condition in which the lower spine is malformed, and there is no sacrum. I asked to see an X-ray of Melissa's lumbar spine and hips so that I could better understand her condition. Her legs have no feeling, so she uses a wheelchair, but she can transfer in and out of it with little effort.

Melissa is the type of person who does not look at her disability as an issue. Her energy fills the room. She's married, holds a full-time job and drives a custom-built car. Her husband is dedicated to her, and they manage any daily tasks that are challenging for Melissa together.

When she came to me, Melissa was on a mission to change her body. She had gotten heavier than she wanted to be, wanted to change her appearance and improve her quality of life. She also went to Weight Watchers and hired a personal trainer.

HER PILATES REGIMEN: I started by working on the concept of "lift your navel in and up." She was able to recruit her abdominal muscles enough to find that connection. Strengthening her shoulders was also very important; Melissa's shoulders act as her hips, so all of her movement must be generated by her arms. So her shoulders have to last her a lifetime, and an injury would severely limit her quality of life.

We worked mainly on the mat/Tower combo with the push-through bar and roll-back bar. I found a way to do arm springs off the back of the equipment. We used the Spine Corrector to help with sitting exercises. And I found a way to do some arm work on the Chair. We were able to do only a few moves on the Reformer, such as Reach and Pull. We were bold in our creativity. If we tried things and they did not work, we simply moved on to something else.

MELISSA TODAY: Three years later, she has lost about 60 pounds and moves with much less effort. She has a full workout schedule; she has recently taken up running (actually wheeling) and has been training to wheel a half-marathon.

ADVICE FOR OTHER TEACHERS:

- **See your client as the person they are, not the disability they battle.** Treat them as people, not as a condition. Make the moments they spend with you the highlight of their day.
- **Have a "can do" attitude.** The very first meeting should be about learning the basic

abilities of the client. Try to ask "can do" questions, i.e., "Can you do this...?" Avoid saying, "Tell me what you cannot do."

- **Know your exercise variations.** Often times, challenged bodies are served best by breaking down an exercise to its simplest components, varying the exercise to meet a certain need or adding a prop.

THE 92-YEAR-OLD WHO WANTED TO REMAIN INDEPENDENT

THE TEACHER: Barbara Hoon is the owner of Six Degrees Pilates in Boonton, NJ.

THE CLIENT: Sonja Muesser, 92, had broken her neck in a bad car accident, but wanted to be able to continue living in her condo. As a result of the accident, her neck protruded forward, causing headaches, dizziness and impaired breathing, because her head wasn't situated on her spine correctly. So about six months ago, she called my studio looking for Pilates and asked if I would come to her house.

HER PILATES REGIMEN:

We started work in a sturdy dining room chair. She was nervous about moving her neck, so I had to talk her into getting her head [into alignment with] her spine.

I would get her to sit tall, then we would do some breathing, and we'd talk about her center. I would have her do some Footwork in her chair, flexing, pointing and moving her toes, and then doing some slow arm movements.

After a few sessions, I would just go through the body, like you do on the Reformer, though she was sitting in a chair. I would start with the feet, then I would work her hands, because they hurt a lot from arthritis. Then I would do some of Joe's arm series with her, Sparklers and the Boxing, always focusing on alignment. She did really well with that, so I said, what if we add one-pound weights? She was a rock star with them, so I added two-pound weights.

Next, I worked with her on basic functional movements, like how to walk with her walker, how to walk without shuffling, what to do if she falls. I got her to keep her head upright and to articulate her feet when walking. She fell once, and I said to myself, *I need to teach her how to crawl.* So I've taught her how to crawl on her butt in case it happens again. Eventually, we started to do some matwork. It was really exhausting for her, so we only do that once a week. We do the Hundred with the neck down, then mini Roll-Ups, Leg Circles, Swan Dive and Swimming. I really see how Joe's simple exercises are there for a reason.

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SONJA TODAY: Her posture is 100 percent better. She's actually starting to walk without the walker, too. She still has aides, but she can prepare meals for herself, go up and down the stairs in her condo and do self-care. She also does an aerobic walk outside every day using her old ski poles!

ADVICE FOR OTHER TEACHERS:

- **Slow and steady wins the race.** With older people, start slowly and listen to them.
- **You need to have realistic expectations.** Things that seem like nothing to us, like a big arm movement, are hard for the elderly.
- **Start in a chair if they can't get onto the apparatus or floor.** Start with the breathing, then try to get them to recognize that we move through our center. Try some safe, easy things like Lifting Side-Bending, or Foot Circles, see how it goes and build on that.

THE PILATES PRO WITH A SEVERE BACK INJURY

THE TEACHER: Matt McCulloch

THE CLIENT: Stephanie Bittner, 41, a former Rockette and senior Pilates instructor at Kinected, was in a head-on car collision in August 2013. She had surgery to fuse the T-11 to L-4 vertebrae with two 12-inch long titanium rods. She started Pilates two months later, very deconditioned, walking with a walker and in extreme pain. She needed assistance with self-care and getting in and out of bed and chairs. She couldn't hold or care for her three-year-old son.

HER PILATES REGIMEN: In the beginning, we used the higher equipment, the Cadillac and the Tower Reformer, as they were easier for her to get on and off. I had to be very strategic about the order of the exercises, as transitioning from one piece to another was really difficult for her. Because of the hardware in her back, it was uncomfortable for her to lie supine, so we did a lot of side-lying work. For instance, she did the Footwork on the Reformer on her side.

We really focused on getting her core, pelvic floor and deeper abs firing. Stability was a big part of her recovery, especially in the lumbar-pelvic region. We also worked on her hip extensors because they help you ambulate, sit and stand.

Being a professional athlete and Pilates teacher in some ways worked against Stephanie in terms of the emotional side of recovery, because the bar is set very different for them in terms of ability. So psychologically, getting her to move was a big component of my work, as

she was in so much pain and essentially had a different body than she had before.

STEPHANIE TODAY: We were able to (mostly) restore Stephanie's quality of life: She now can walk unassisted, work full time, take the subway and play with her son. She estimates her mobility has improved from a three to a seven, and her pain has gone from an eight to a two.

ADVICE FOR OTHER TEACHERS:

- **Work closely with the physical therapist.** They can give you a lot of information and set the client up for success in the Pilates session.
- **Get an idea of client's expectations.** If the instructor's goal is for the client to get out of their chair, and the client's is to run a 5K race in six months, that can create a lot of frustration.
- **Sketch out the regimen in the beginning and share it with the client.** It may change over time, but it's good to have a plan.

THE SIDELINED IRONMAN

THE TEACHER: Karyn Staples, PT, PhD, OCS, PMA-CPT, is a physical therapist and the owner/operator of ProHealth Physical Therapy and Pilates Studios in Peachtree City, GA.

THE CLIENT: Justin Schettini, 33, hoped to participate in an Ironman triathlon four months after he had surgery to repair his right ACL (anterior cruciate ligament). I first started seeing him eight days after his surgery.

HIS PILATES REGIMEN: In addition to doing his physical therapy, I gave Justin Pilates exercises to do when I started working with him. We focused on regaining range of motion in his knee and progressing to weight-bearing on his right leg. We also worked on strengthening his legs, while always continuing work on his trunk. We did Footwork and supine abdominal work on the Reformer (including the Hundred and arm work with legs in tabletop) and Roll-Down on the Trapeze Table. I also had Justin ride an exercise bike, swim and do pool-running.

JUSTIN TODAY: Four-and-a-half months after surgery, Justin swam 2.4 miles, biked 112 miles and ran 26.3 miles in 14 hours and 36 minutes in the Lake Placid, NY, Ironman triathlon.

ADVICE FOR OTHER TEACHERS:

- **Be on top of alignment and the client.** Though I believe that not every Pilates teacher can work with someone right away post-operatively—that is the reason there are physical therapists—I do agree that a Pilates teacher with a good background in



watching bodies move can work safely with people with most any disability as long as they are aware of alignment and check in with the client.

THE SENIOR WITH WALKING CHALLENGES

THE TEACHER: Jennifer M. Stacey, MS, is an exercise physiologist/biomechanist, creator of Immersion Pilates Aquatics™ and the owner of Peak Performance Pilates in San Francisco and Half Moon Bay, CA.

THE CLIENT: Samantha*, 72, had two hip replacements and had been diagnosed with cerebellar ataxia when I started working with her in July 2014. Because of this condition, she walked with her feet far apart and lumbered from side to side in a jerky way. She would lose her balance easily and had fallen several times.

HER PILATES REGIMEN: In the first sessions, Samantha learned to belly, side and back breathe. She did the Footwork, pre-Hundred, arm work and the Running on the Reformer. We focused on trying to control her legs with her hamstrings, inner thighs, body and center. She initially was very "jerky" and jammed her knees back into hyperextension. We worked on the rhythm and flow of the skills, which reflect joint control. On the Cadillac, she initially used one leg spring to learn control and rhythm, and then moved to two springs. When Samantha did the Side Leg Kicks and Clam, I mobilized the iliopsoas manually, a skill I learned from Jean-Claude West.

I also gave her skills to practice at home. These skills, which are in my book *Movement*

Perspectives™, are inspired by Moshe Feldenkrais, Physio-Synthesis®, chiropractors and a Chinese medicine doctor. They prepare the body for Pilates so a client gets the most out of his or her session. Samantha did jaw mouth gargles (from Eve Gentry), jaw massage, finger and hand stretching and the Franklin Ball foot mobility repertoire at home.

Samantha now performs the beginning/lower-intermediate Pilates repertoire on all of the apparatus. She loves the Mermaid series for scapular and rib mobility, and says that it makes her feel more balanced and less likely to fall.

SAMANTHA TODAY: Even though she has days where she feels uncoordinated, her walking and movement in general still remain much better than when she first came in, which results in a better quality of life. The improvement in the quality of her movement and gait is dramatic from the beginning to the end of each Pilates session.

ADVICE FOR OTHER TEACHERS:

- **Stay connected.** Communication between your client and you, and between you and their health professionals (doctors, chiropractors and PTs) is key. Do not hesitate to ask questions.
- **Write down everything they do and how they feel.** Tell your client to tell you when they feel uncomfortable.
- **Don't be afraid to modify a skill to fit the problem.** Pilates is such a vast and intelligent system; if one thing does not work, there is always something else that might. **PS**

*name has been changed