



REPS
INDIA

*Register for Exercise
Professionals India Foundation*

OCCUPATIONAL STANDARDS

Mat-Based Pilates Instructor



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Mat-based Pilates Instructor

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The REPS India Occupational Standards for Mat-Based Pilates Instructor describe the competence and knowledge required for membership of REPS India for the category of group Mat-Based Pilates Instructor. Mat-Based Pilates Instructor education programmes recognised by REPS India must match to these standards.

Employers can use these standards in their employment practices and to develop their workforce. This ensures comparability of standards with other registers of exercise professionals around the world, and ensures REPS India is operating in line with international best practice.

OVERVIEW

Throughout these standards we have **bolded** certain words, the expansion of these words can be found in the scope and Range section at the end of the document, the scope and range outlines the detail that needs to be covered and assessed within an instructor programme, in some cases not all of the range needs to be covered, however this is made clear in the description of the range.

MAT-BASED PILATES INSTRUCTOR

This standard is about designing, managing, adapting and instructing a series of Mat-based Pilates sessions based on the work and principles of Pilates, for apparently healthy adults of all ages.

The standard covers teaching of Mat-based Pilates to include:

- working one to one with a **client** or **small client groups** (no more than 5)
- working with a larger group of clients in a **class** format.

These standards include giving clear instructions, demonstration of skills, techniques of teaching and correcting exercise with clear and positive feedback and monitoring a Mat-based Pilates session.

The goal of the Pilates instructor is to impart the knowledge, skill and confidence for **clients** to be able to exercise throughout their lives. The Pilates instructor will normally be working without direct supervision.

OCCUPATIONAL STANDARDS

These standards include **core units** along with the discipline specific units for planning, instructing Mat-based Pilates.

CORE UNITS

1. Professional practice and personal career development
2. Supporting and educating the client
3. Provide customer service
4. Adaptations, modifications and contraindications for special populations
5. Health, safety and welfare

DISCIPLINE SPECIFIC UNITS FOR MAT-BASED PILATES

6. Anatomy and physiology for Pilates
7. Principles of exercise and programming for Pilates
8. Principles, fundamentals, philosophy and origins of Mat Pilates
9. Collect and analyse relevant information and agree goals with Pilates participants
10. Assessing the Pilates client
11. Plan and design Mat-based Pilates programme (group class and one to one)
12. Prepare to instruct Mat-based Pilates sessions
13. Teach, adapt, modify and progress Mat-based Pilates exercises
14. One to One Re-assessments

ANATOMY AND PHYSIOLOGY FOR PILATES

PERFORMANCE CRITERIA

GENERAL ANATOMY AND PHYSIOLOGY KNOWLEDGE

- P1. Use relevant anatomical and physiological terminology in the provision of programming
- P2. Use classification of anatomical planes of movement: Frontal, (coronal), sagittal and transverse in the provision of client advice and programming
- P3. Use classification of anatomical terms of location: - Superior and inferior, anterior and posterior, medial and lateral, proximal and distal, superficial and deep in the provision of client advice and programming
- P4. Identify the effects of exercise on each of the body systems described in terms of physiological responses (acute/short term and long-term)
- P5. Apply knowledge of anatomy and physiology in the design of **safe** and effective exercise **programmes** for a range of **participants**
- P6. Describe the exercise implications and contraindications when working with **special populations** with regards to their anatomy and physiology

THE ANATOMY AND PHYSIOLOGY OF THE HEART

- P7. Identify the location and describe the function of the heart

- P8. Describe the structure of the heart and how blood is moved through the four chambers of the heart (pumped and collected)
- P9. Explain the purpose of the valves in the heart
- P10. Explain the link between the heart, the lungs and the muscles

THE ANATOMY AND PHYSIOLOGY OF THE LUNGS

- P11. Identify the location and describe the function of the lungs
- P12. Describe the structure of the lungs, the mechanism of breathing (inspiration and expiration) and contraction and relaxation of the muscles involved
- P13. Describe the action of the diaphragm and the basic mechanics of breathing including the main muscles involved in breathing
- P14. Describe the passage of air through nasal passages, pharynx, larynx, trachea, bronchi, bronchioles, alveoli and capillaries
- P15. Explain gaseous exchange of oxygen and carbon dioxide in the body (to cover internal and external respiration).
- P16. Explain how oxygen travels to the muscles via the blood
- P17. Explain the relative composition of oxygen and carbon dioxide gases in inhaled and exhaled air and the relationship to aerobic respiration

CIRCULATORY SYSTEMS IN RELATION TO PILATES

- P18. Relate the structure and function of the circulatory system and respiratory system to exercise
- P19. Describe the systemic and pulmonary circulation to include structure and functions of the arteries, veins and capillaries and how they link to the heart, lungs and muscles
- P20. Explain the cardiac cycle
- P21. Describe the structure and function of arteries, veins, capillaries and mitochondria
- P22. Explain blood pressure and identify blood pressure classifications
- P23. Explain venous return
- P24. Explain the effect of disease processes on the structure and function of blood vessels

THE SKELETAL SYSTEM IN RELATION TO PILATES

- P25. Describe the function of the skeleton (movement, muscle attachments and levers, protection of internal organs, provides shape, red and white blood cell production, mineral storage)
- P26. Identify the structure of the skeleton to include:

Axial skeleton:

- cranium
- cervical vertebrae
- thoracic vertebrae
- lumbar vertebrae
- sacral vertebrae
- sternum
- ribs
- coccyx
- pubis

Appendicular skeleton:

- scapula
- clavicle
- humerus
- ulna
- radius

- carpals
- metacarpals
- phalanges
- ilium
- ischium
- femur
- patella
- tibia
- fibula
- tarsals
- metatarsals

- P27. Identify the classification of bones (long, short, flat, sesamoid, irregular)
- P28. Describe the structure of long bone (compact and spongy/cancellous tissue, articular cartilage, epiphysis, diaphysis, periosteum, epiphyseal (growth) plates, bone marrow)
- P29. Describe the stages of bone growth and the effects of exercise on bones and joints including:
- the remodelling process and the role of osteoblasts and osteoclasts
 - the significance of weight bearing exercise, hormones, body weight, calcium, vitamin D and the ageing process
 - considerations during childhood/adolescence (growing pains, development of peak bone mineral density, common overtraining/overuse injuries)
 - the effect of pregnancy on joint alignment
- P30. Explain the role of tendons, ligaments and cartilage

JOINT AND JOINT ACTION

- P31. Identify the classification of joints (immovable (fibrous), semi-movable (cartilaginous), moveable (synovial))
- P32. Identify the structure of synovial joints (articular cartilage, fibrous capsule, joint/synovial cavity, synovial membrane,

- synovial fluid)
- P33. Explain the types of synovial joints and their range of motion (gliding, hinge, ball and socket, pivot)
- P34. Identify joint movement potential and joint actions (flexion, extension, hyperextension, adduction, abduction, circumduction, supination, pronation, plantar flexion, lateral flexion, horizontal flexion, horizontal extension, dorsiflexion)
- P35. Relate the type and the structure of joints to joint mobility, joint integrity and risk of injury when planning exercise **programmes** and providing guidance to clients
- P36. Identify factors affecting Joint stability
- P37. Identify the effects and risks of exercise on joints

THE MUSCULAR SYSTEM IN RELATION TO PILATES

- P38. Identify the different types of muscles, describe their function and basic characteristics of muscle including cardiac, smooth and skeletal
- P39. Identify the structure of skeletal muscle to include:
- epimysium
 - fascicle
 - perimysium
 - muscle fibres
 - endomysium
 - myofibrils
 - sarcomere
 - actin
 - myosin
 - troponin
- P40. Identify the effects of exercise on muscle fibre type
- P41. Name and identify the location of muscles:
- pectoralis major
 - deltoids
 - biceps
 - rectus abdominis

- obliques
 - transversus abdominis
 - trapezius
 - rhomboids
 - triceps
 - latissimus dorsi
 - erector spinae
 - hip flexors
 - quadriceps
 - adductors
 - tibialis anterior
 - gluteals
 - abductors
 - hamstrings
 - gastrocnemius
 - soleus
- P42. Name and locate the muscular system/ muscles including the muscle attachment sites (origin and insertion) of the following:
- Rotator cuff (SITS)
- supraspinatus
 - infraspinatus
 - teres minor
 - subscapularis
- Shoulder girdle
- levator scapulae
 - pectoralis minor
 - serratus anterior
 - trapezius
 - rhomboids major/minor
 - teres major
- Spinal extensors
- erector spinae: iliocostalis, longissimus, spinalis
 - multifidus
 - quadratus lumborum
- Hip flexors (iliopsoas)
- iliacus
 - psoas major
- Adductors
- magnus
 - brevis
 - longus
 - pectini

- gracilis
- sartorius

Abductors

- gluteus medius
- gluteus minimus
- piriformis
- tensor fascia latae

Abdominals

- internal and external obliques
- transversus abdominus
- Rectus abdominis

Intercostals

Diaphragm

Pelvic floor muscles

Local/deep, global/superficial muscles

- P43. Describe the structure and function of the pelvic floor muscles and associated muscles and ligaments
- P44. Explain the principles of muscle contraction stretch reflex and reverse stretch reflex, size principle
- P45. Respond to overuse, underuse, misuse of muscle
- P46. Describe the principles of muscle action and contraction, to include:
- Muscles cross joints
 - muscles only pull
 - contraction along the line of fibres
 - muscles working in pairs
 - concentric/eccentric/ isometric, (static), isokinetic contractions
 - the role of antagonistic pairs, prime mover (agonist), antagonist, synergist, stabiliser and fixator
- P47. Identify which Joint actions are brought about by specific muscle group contractions
- P48. Analyse exercises to identify the joint action occurring and the muscle responsible
- P49. Explain skeletal muscle fibre types and their characteristics slow twitch - Type 1 (slow oxidative) and fast twitch - Type 2a (fast oxidative glycolytic or FOG) and

Type 2b (fast glycolytic or FG)

THE NERVOUS SYSTEM IN RELATION TO PILATES

- P50. Describe the structure and function of a neuron or nerve cell
- P51. Explain the neuromuscular adaptations associated with exercise/training
- P52. Identify the benefits of improved neuromuscular coordination and efficiency to exercise performance
- P53. Identify how physical activity can enhance neuromuscular connections and improve motor fitness
- P54. Describe motor unit recruitment, inter and intramuscular coordination, neuromuscular coordination.
- P55. Explain the role and basic functions of the nervous system
- P56. Explain the principles of muscle contraction (the stimulation of the nervous system to carry an electrical/nervous impulse to muscle to produce movement)
- P57. Describe motor unit recruitment in relation to strength/force of muscle contraction inter and intramuscular coordination
- P58. Explain the principle of 'all or none law'
- P59. Describe how exercise can enhance neuromuscular connections and improve motor fitness
- P60. Describe neuromuscular coordination
- P61. Describe neurons, motor units, proprioceptors (muscle spindles and Golgi tendon organs)
- P62. Identify how exercise can enhance neuromuscular connections and improve motor fitness

THE DIGESTIVE SYSTEM

- P63. Describe the structure and function of the digestive system and the effect of healthy eating on other major body systems

- P64. Describe the role of the liver and pancreas in assisting digestion
- P65. Identify timescales for digestion
- P66. Explain the importance of fluid
- P67. Use knowledge of the structure and function of the digestive system when providing guidance to participants

THE ENDOCRINE SYSTEM

- P68. The structure and function of the endocrine systems and the effects of exercise on the endocrine system
- P69. Identify the major glands in the endocrine system
- P70. Identify the function of hormones including:
 - growth hormone
 - thyroid hormones
 - corticosteroids
 - catecholamines
 - insulin
 - glucagon
- P71. Explain the secretion of hormones and hormonal responses

POSTURE

- P72. Identify the curves of the spine
- P73. Identify potential ranges of motion of the spine
- P74. Identify possible postural deviations
- P75. Identify the muscles associated with stabilisation and mobilisation
- P76. Identify the ligaments and muscles of the spine
- P77. Describe the effect of exercise on posture
- P78. Use correct procedures and methods used to identify postural deviations
- P79. Identify muscle role changes and imbalances associated with incorrect stabilisation
- P80. Describe the relationship between centre of gravity excursions and adiposity on posture deviation

- P81. Describe the impact of stabilisation exercise and the potential for injury and/or aggravation of problems
- P82. Describe the principles and techniques of flexibility training
- P83. Identify reasons and procedures for referring on to **other professionals**

STABILISATION OF THE BODY DURING EXERCISE

- P84. Identify appropriate stabilisation exercise activities, such as
 - floor based exercises
 - exercises using equipment
- P85. Identify functional movement exercises (e.g. balance, stability, flexibility)
- P86. Explain the importance of progressive stabilisation exercises

KNOWLEDGE AND UNDERSTANDING

GENERAL ANATOMY AND PHYSIOLOGY KNOWLEDGE

- K1. Relevant anatomical and physiological terminology in the provision of programming
- K2. The classification of anatomical planes of movement: frontal, (coronal), sagittal and transverse
- K3. The classification of anatomical terms of location: superior and inferior, anterior and posterior, medial and lateral, proximal and distal, superficial deep, Ipsilateral, contralateral, unilateral and bilateral.
- K4. The effect of exercise on the body systems (acute/short term and long-term effects)
- K5. How to use anatomy and physiology principles in the design of exercise **programmes** and in providing exercise advice and instruction

THE ANATOMY AND PHYSIOLOGY OF THE HEART

- K6. The location and function of the heart
- K7. Structure of the heart and how blood is

moved through the four chambers of the heart (pumped and collected)

K8. The purpose of the valves in the heart

K9. The link between the heart, the lungs and the muscles

THE ANATOMY AND PHYSIOLOGY OF THE LUNGS

K10. The location and function of the lungs

K11. Structure of the lungs, the mechanism of breathing (inspiration and expiration) and contraction and relaxation of the muscles involved

K12. The action of the diaphragm and the basic mechanics of breathing including the main muscles involved in breathing

K13. Passage of air through nasal passages, pharynx, larynx, trachea, bronchi, bronchioles, alveoli and capillaries

K14. Gaseous exchange of oxygen and carbon dioxide in the body (to cover internal and external respiration)

K15. How oxygen travels to the muscles via the blood

K16. Relative composition of oxygen and carbon dioxide gases in inhaled and exhaled air and the relationship to aerobic respiration

CIRCULATORY SYSTEMS IN RELATION TO PILATES

K17. Relate the structure and function of the circulatory system and respiratory system to exercise

K18. The systemic and pulmonary circulation to include structure and functions of the arteries, veins and capillaries and how they link to the heart, lungs and muscles

K19. The cardiac cycle

K20. The structure and function of arteries, veins, capillaries and mitochondria

K21. Blood pressure and blood pressure classifications

K22. Venous return

K23. Exercise implications of the key cardiovascular and respiratory when

working with **special populations**

K24. The effect of disease processes on the structure and function of blood vessels

THE SKELETAL SYSTEM IN RELATION TO PILATES

K25. The function of the skeleton to include:

- muscle attachments
- levers
- protection of internal organs
- provides shape
- red and white blood cell production
- mineral storage

K26. Structure of the skeleton to include:

Axial skeleton:

- cranium
- cervical vertebrae
- thoracic vertebrae
- lumbar vertebrae
- sacral vertebrae
- sternum
- ribs
- coccyx
- pubis

Appendicular skeleton:

- scapula
- clavicle
- humerus
- ulna
- radius
- carpals
- metacarpals
- phalanges
- ilium
- ischium
- femur (include the Greater Trochanter)
- patella
- tibia
- fibula
- tarsals
- metatarsals

K27. Classification of bones to include:

- long
- short
- flat

- sesamoid
 - irregular
- K28. Structure of long bone to include:
- compact and spongy/cancellous tissue,
 - articular cartilage
 - epiphysis
 - diaphysis
 - periosteum
 - epiphyseal (growth) plates
 - bone marrow
- K29. Stages of bone growth and the effects of exercise on bones and joints including:
- the remodelling process and the role of osteoblasts and osteoclasts
 - the significance of weight bearing exercise, hormones, body weight, calcium, vitamin D and the ageing process
 - considerations during childhood/ adolescence (growing pains, development of peak bone mineral density, common overtraining/overuse injuries)
 - the effect of pregnancy on joint alignment
 - The role of tendons, ligaments and cartilage

JOINT AND JOINT ACTION

- K30. Classification of joints to include:
- immovable (fibrous)
 - semi-movable (cartilaginous)
 - moveable (synovial)
- K31. Structure of synovial joints to include:
- articular cartilage
 - fibrous capsule
 - joint/synovial cavity
 - synovial membrane
 - synovial fluid
- K32. Types of synovial joints and their range of motion to include:
- gliding
 - Hinge

- ball and socket
 - pivot
- K33. Joint movement potential and joint actions to include:
- flexion
 - extension
 - hyperextension
 - adduction
 - abduction
 - circumduction
 - supination
 - pronation
 - plantar flexion
 - lateral flexion
 - horizontal flexion/adduction
 - horizontal extension/abduction
 - dorsiflexion
 - internal/medial
 - external and lateral rotation
- K34. The life-course of the musculoskeletal system, including bone, tendon, ligament and bone mass density changes and its implications when working with **special populations**
- K35. Joint stability, passive and active structures, shock absorption, key joints at risk (spine and shoulder)
- K36. The effects of exercise on joints to include:
- effect of muscle contractions and movements
 - posture
 - impact
 - body weight
- K37. Risks of exercise on joints to include:
- lack of biomechanical efficiency
 - reduction in transmission of stress
 - increased risk of injury
 - increased loading placed on synergists

THE MUSCULAR SYSTEM IN RELATION TO PILATES

- K38. Types, function and basic characteristics of muscle including cardiac, smooth and

skeletal

Structure of skeletal muscle (epimysium, fascicle, perimysium, endomysium)

K39. Muscle fibres, including myofibrils, sarcomere, actin, myosin and **troponin**

K40. Name and location of muscles:

- pectoralis major
- deltoids
- biceps
- rectus abdominis
- obliques
- transversus abdominis
- trapezius
- rhomboids
- triceps
- latissimus dorsi
- erector spinae
- hip flexors
- quadriceps
- adductors
- tibialis anterior
- gluteals
- abductors
- hamstrings
- gastrocnemius
- soleus

K41. The muscular system/muscles building on Level 2, to cover the list below including muscle attachment sites (origin and insertion):

Rotator cuff (SITS)

- supraspinatus
- infraspinatus
- teres minor
- subscapularis

Shoulder girdle

- levator scapulae
- pectoralis minor
- serratus anterior
- trapezius
- rhomboids major/minor
- teres major

Spinal extensors

- erector spinae: iliocostalis, longissimus, spinalis
- multifidus
- quadratus lumborum

Hip flexors (iliopsoas)

- iliacus
- psoas major

Deep hip lateral rotators

- gemellus superior
- gemellus inferior
- obturator externus
- obturator internus
- quadratus femoris
- piriformis

Adductors

- magnus
- brevis
- longus
- pectini
- gracilis
- sartorius

Abductors

- gluteus medius
- gluteus minimus
- piriformis
- tensor fascia latae

Abdominals

- internal and external obliques
- transversus abdominis
- Rectus abdominis

Intercostals

Diaphragm

Pelvic floor muscles

K42. Structure and function of the pelvic floor muscles and associated muscles and ligaments

K43. The principles of muscle action and contraction, to include:

- Muscles cross joints
- muscles only pull
- contraction along the line of fibres
- muscles working in pairs
- concentric/eccentric/ isometric, (static), isokinetic contractions

- the role of antagonistic pairs, prime mover (agonist), antagonist, synergist, stabiliser and fixator
- K44. Joint actions brought about by specific muscle group contractions
- K45. The principles of muscle contraction stretch reflex and reverse stretch reflex, size principle
- K46. Analyse exercises to identify the joint action occurring, and the muscle responsible
- K47. Skeletal muscle fibre types and their characteristics slow twitch - Type 1 (slow oxidative) and fast twitch - Type 2a (fast oxidative glycolytic or FOG) and Type 2b (fast glycolytic or FG)
- K48. Methods to recognise overuse, underuse, misuse of muscles to include:
- shortening/weakening
 - altered roles/synergists becoming prime movers
- K49. Exercise implications of the muscular system when working with **special populations**

THE NERVOUS SYSTEM IN RELATION TO PILATES

- K50. Structure and function of a neuron or nerve cell
- K51. The neuromuscular adaptations associated with exercise/training
- K52. The benefits of improved neuromuscular coordination/efficiency to exercise performance
- K53. How physical activity can enhance neuromuscular connections and improve motor fitness
- K54. Motor unit recruitment, inter and intramuscular coordination, neuromuscular coordination
- K55. Role and basic functions of the nervous system (central nervous system and peripheral nervous system CNS and PNS)
- K56. Neurons, motor units, proprioceptors (muscle spindles and Golgi tendon organs)

- K57. Principles of muscle contraction (the stimulation of the nervous system to carry an electrical/nervous impulse to muscle to produce movement)
- K58. Motor unit recruitment in relation to strength/force of muscle contraction inter and intramuscular coordination
- K59. Describe neuromuscular coordination
- K60. An overview of the 'all or none law'
- K61. How exercise can enhance neuromuscular connections and improve motor fitness
- K62. Exercise implications of the nervous system when working with **special populations**

THE DIGESTIVE SYSTEM

- K63. The structure and function of the digestive system and the effect of healthy eating on other major body systems
- K64. Role of the liver and pancreas in assisting digestion
- K65. Timescales for digestion
- K66. Importance of fluid for the digestive system

THE ENDOCRINE SYSTEM

- K67. The structure and function of the endocrine systems and the effects of exercise on the endocrine system
- K68. The major glands in the endocrine system
- K69. The function of hormones including:
- growth hormone
 - thyroid hormones
 - corticosteroids
 - catecholamines
 - insulin
 - glucagon
- K70. The secretion of hormones and hormonal responses

POSTURE

- K71. Curves of the spine

- K72. Neutral spine alignment
- K73. Potential ranges of motion of the spine
- K74. Postural deviations including kyphosis, lordosis, scoliosis. Flatback, swayback and the effect of pregnancy on posture
- K75. Reasons and procedures for referring on to an appropriate professional
- K76. Muscles associated with stabilisation and mobilisation
- K77. The ligaments and muscles of the spine
- K78. Procedures/methods used to identify postural deviations
- K79. Abnormal degrees of curvature of the spine and their implications to include:
 - medical conditions associated with dysfunctional stabilisation
 - common spinal disorders
- K80. Muscle role changes and imbalances associated with incorrect stabilisation
- K81. The relationship between centre of gravity excursions and adiposity on posture deviation
- K82. Principles and techniques of flexibility training including Static (passive and active), Dynamic and Proprioceptive Neuromuscular Facilitation
- K83. Exercise implications of posture when working with **special populations**

STABILISATION OF THE BODY DURING PILATES

- K84. Appropriate stabilisation exercise activities, such as
 - floor based exercises
 - exercises using equipment
- K85. Functional movement exercises (e.g. balance, stability, flexibility)
- K86. The importance of progressive stabilisation exercises
- K87. Exercise implications and contraindications of stability when working with special populations

PROFESSIONAL PRACTICE AND PERSONAL CAREER DEVELOPMENT

PERFORMANCE CRITERIA

STRUCTURE OF THE INDUSTRY

- P1. Identify the structure and roles within the Pilates industry
- P2. Identify industry organisations and their relevance to the Pilates professional
- P3. Identify employment opportunities in different sectors of the industry

ROLES AND RESPONSIBILITIES

- P4. Identify roles and responsibilities of self and **other professionals** involved in the **programme** including the **client**
- P5. Explain why you need to clearly define your role and responsibilities with **participants**
- P6. Present a professional and positive image of yourself and your organisation to **participants** and **clients**
- P7. Consult **other professionals** if **participants'** needs and expectations go outside your level of competence
- P8. Demonstrate skills and abilities such as adaptability, confidence, team working, problem solving, conscientiousness, efficient time management, ability to plan and prepare own work, ability to identify areas for development, ability to follow instructions
- P9. Identify professional ethics related to the role of the Pilates instructor
- P10. Identify compliance with appropriate

legislative and insurance requirements.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

- P11. Identify appropriate CPD and registration systems to help support and develop your skills as a Pilates instructor

REFLECT ON TEACHING PRACTICE

- P12. Reflect on professional teaching practice to include:
- P13. Discuss ideas with **other professionals** and take account of their views
- P14. Evaluate performance against a code of conduct or code of ethical practice for instructors
- P15. Identify key lessons and how to make use of these in the future practice

IMPROVE OWN DEVELOPMENT AND CAREER OPPORTUNITIES

- P16. Identify potential career pathways
- P17. Develop a personal action plan that will help improve your professional practice
- P18. Identify how to access suitable sources of information to keep you up-to-date with developments in the Pilates industry

KNOWLEDGE AND UNDERSTANDING

STRUCTURE OF THE INDUSTRY

- K1. The structure and roles within the Pilates industry

- K2. Industry organisations and their relevance to the Pilates professional
- K3. Employment opportunities in different sectors of the industry

ROLES AND RESPONSIBILITIES

- K4. Know roles and responsibilities of self and **other professionals** involved in the **programme** including the **client** to ensure the safety and wellbeing of everyone at all times.
- K5. Know why you need to clearly define your role and responsibilities with the **client**
- K6. The importance of presenting a professional and positive image of yourself and your organisation to **participants** to include:
Positive, honest, empowering, personal integrity, respectful of clients and other professionals, motivating, trustworthy, committed, non- judgemental, consistent, personal conduct, role model, how to portray a professional image.
- K7. Know when to consult **other professionals** if **clients'** needs and expectations go outside your level of competence
- K8. Know current national guidelines, **legislation and organisational procedures** relevant to own role
- K9. The professional ethics related to the role of the Pilates instructor to include:
Maintaining a professional membership, role boundaries/scope of practice and responsibilities, representation of skills, abilities, and knowledge, interface with other relevant professionals, business practices and professional code of conduct.
- K10. The importance of being able to work alone and as part of a team with minimal

supervision

- K11. The skills and abilities such as adaptability, confidence, team working, problem solving, conscientiousness, efficient time management, ability to plan and prepare own work, ability to identify areas for development, ability to follow instructions.
- K12. Ensure compliance with appropriate legislative requirements. Ensure appropriate licenses are in place
 - music
 - products
 - broadcasting
 - public performance
- K13. Ensure compliance with appropriate insurance guidelines
 - public liability
 - personal indemnity

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

- K14. The importance of reflection and continuing professional development (CPD) in helping you to develop your skills as a Pilates instructor
- K15. Appropriate registration systems and their importance
- K16. How to keep knowledge and skills up to date:
 - Importance of accessing regular relevant CPD activities
 - How to access relevant industry-recognised CPD
 - How to incorporate them into your personal action plan
 - Keeping up to date with industry trends
 - Know relevant legislation/policy and guidelines relating to CPD

REFLECT ON TEACHING PRACTICE

- K17. The importance of reflection and continuing professional development in helping to develop client health, fitness

and motivation

- K18. Review the outcomes of working with **clients**, their feedback and feedback from **other professionals**
- K19. How to reflect on professional teaching practice, complete self-reflection/ evaluation to aid personal development to include:
- exercise instruction
 - **motivational methods**
 - **learning styles** of the **client**
 - **teaching methods**
 - health, safety and welfare of the **client**
- K20. The importance of evaluating performance against a code of conduct or code of ethical practice for instructors
- K21. The importance of discussing ideas with **other professionals** and take account of their views
- K22. When to discuss your work with **other professionals** and take account of their views, reflecting on your own professional practice

IMPROVE OWN DEVELOPMENT AND CAREER OPPORTUNITIES

- K23. Consider career pathways
- K24. How to develop a personal action plan that will help you improve your professional practice
- K25. The importance of receiving and accepting feedback from **other professionals**
- K26. How to work and interact with **other professionals**
- K27. How to access sources of information on developments in the Pilates industry

SUPPORTING AND EDUCATING THE CLIENT

PERFORMANCE CRITERIA

RAPPORT AND COMMUNICATING WITH CLIENT

- P1. Demonstrate the use of effective **communication techniques** to engage and motivate **participants**

CLIENT CONSULTATION

- P2. Complete an effective 121 **client** consultation within own professional role boundaries and know how and when to refer to **other professionals** as appropriate

CONDUCT HEALTH SCREENING

- P3. Demonstrate ability to perform effective health screening of 121 **client**, using correct processes and paperwork
- P4. Demonstrate use of a risk stratification models
- P5. Demonstrate the industry standards and practices for the collection, use, storage and disposal of personal client **information**
- P6. Record **information** in a way that will help with analysing it
- P7. Gain **client** feedback to ensure they understand the reasons for the collection of **information** and how it will be used

SUPPORTING PARTICIPATION IN REGULAR EXERCISE

- P8. Educate **clients** on the components of a

healthy lifestyle:

- P9. Clarify own role, the **client's** role and responsibilities and those of any **other professionals** involved in the **client's programme**.
- P10. Recognise personal barriers to exercise and use strategies to overcome them.
- P11. Provide the **client** with information about the recommended amount of exercise and physical activity
- P12. Explain the perceived benefits **clients** can expect from following a Pilates **programme**
- P13. Identify typical contraindications to physical activity and respond to these accordingly

SETTING GOALS

- P14. Analyse and interpret collected **information** so that **client** needs and **goals** can be identified
- P15. Agree with **client SMART goals** linked to their individual needs, wants and motivators

CLIENT INDUCTION

- P16. Conduct a **safe** and effective induction with the **client**
- P17. Conduct a safe and effective induction with **client/participants**

KNOWLEDGE AND UNDERSTANDING

RAPPORT AND COMMUNICATING WITH CLIENT

- K1. How to professionally interact with **clients** and relevant **other professionals** to include:
- rapport building with different types of clients ie gender, age, social class, current level of fitness, ethnicity and culture
 - connecting with people to create a positive experience
 - adapting communication style to suit **client** needs
 - presenting accurate information: e.g. sensitivity, discretion, non-judgemental manner
 - respect the individuality of the **client**
 - language and terms understood by **client** (simplify technical information)
- K2. The use of effective **communication techniques** to engage and motivate the **client**
- K3. The importance of showing sensitivity and empathy to **clients** and the **information** they provide
- K4. How to interpret **client** responses including body language and other forms of behaviour especially when undertaking physical activity
- K5. How to praise and encourage positive behaviour
- K6. How to show genuine interest in the **client** (remember people's names)

CLIENT CONSULTATION

- K7. Understand the consultation process and own professional role boundaries
- K8. Understand the significance of the consultation as part of the customer experience/customer journey
- K9. The importance of educating the **client** about the purpose of the consultation and their own role, responsibilities and limitations in providing assistance and

clear information about their health and fitness (scope of practice)

CONDUCT HEALTH SCREENING

- K10. Understand the purpose and content of basic health screening questionnaires/ lifestyle questionnaire and what may happen if health screening **information** is not collected and correctly processed
- K11. The purpose and importance of Informed consent
- K12. Risk stratification models and when to signpost or refer a client to **other professionals** and/or medical professionals:
- How to risk stratify clients
 - Clear understanding of the absolute contraindications to exercise and factors that indicate that a client is at low, medium or high risk of an adverse event occurring during exercise/ propensity for risk
 - Recognised tools (Irwin and Morgan traffic light system/other national/ international evidence-based tools, national/locally agreed protocols/ referral/care pathways
 - Relevant health history, current health status, particularly in relation to risk factors for heart disease
 - The identification of medical conditions that would necessitate medical clearance or referral to an appropriate medical professional or other clinician or medically supervised exercise **programme**, past and present injuries and disabilities
- K13. Know the **legal and organisational procedures** for the collection, use, storage and disposal of personal **client information**
- K14. Know **methods** of recording **information** in a way that will help with analysing it
- K15. Know different types of **information** which

can be collected from **clients** and **methods** of collection

- K16. The importance of gaining **client** feedback to ensure they understand the reasons for the collection of **information** and how it will be used

SUPPORTING PARTICIPATION IN REGULAR EXERCISE

- K17. Components of a healthy lifestyle and factors that affect health and wellbeing to include:
- smoking
 - alcohol
 - nutrition
 - physical activity levels
 - weight management
 - rest and relaxation
 - stress (signs, symptoms, effects and management)
 - work patterns/job,
 - relevant personal circumstances,
 - posture
- K18. The importance of clarifying own role, the **client's** role and responsibilities and those of any **other professionals** involved in the **client's programme**.
- K19. The recommended amount of exercise and physical activity
- K20. The perceived benefits **clients** can expect from a Pilates exercise **programme**
- K21. Know how to manage the expectations of clients related to their participation in exercise
- K22. Know typical contraindications to physical activity and how to respond to these
- K23. Know and understand different behaviour change approaches/ strategies to encourage adherence to exercise/physical activity to include:
- stages of change/trans-theoretical model of behaviour change
 - Prochaska and Di Clemente

- **goal** setting
- social support
- problem-solving
- reinforcement strategies
- self-monitoring
- **motivational methods**

- K24. **Clients** incentives and barriers to participate in exercise, including:
- influencing factors
 - category of **client**
 - stage of fitness
 - personal
 - **programme**
 - **environment**
 - social

SETTING GOALS

- K25. Know ways to identify the typical **goals** and expectations that **clients** have
- K26. Know why it is important to base **goal** setting on proper analysis of **clients'** needs
- K27. Know how to analyse and interpret collected **information** so that **client** needs and **goals** can be identified
- K28. Know how to work with **clients** to agree **SMART goals** linked to their individual needs, wants and motivators

CLIENT INDUCTION

- K29. How to conduct **safe** and effective inductions with **clients**, to cover etiquette, rules, booking systems, late arrival policy and cancellation of classes and **sessions** policies
- K30. The importance of being accountable and take responsibility for clients

PROVIDE CUSTOMER SERVICE

PERFORMANCE CRITERIA

PROVIDE CUSTOMER SERVICE TO CLIENTS

- P1. Identify a typical **client** journey in a Pilates **environment**
- P2. Explain the importance of **client** care both for the **client** and the organisation
- P3. Identify the basic principles of customer service
- P4. Use effective customer care skills when working with **clients/participants'**
- P5. Value equality and diversity when working with **clients**

RESPOND TO CLIENT COMPLAINTS

- P6. Identify different methods to obtain **client** feedback and channels of recording and reporting to support membership retention
- P7. Describe techniques of handling **clients'** queries and complaints

KNOWLEDGE AND UNDERSTANDING

PROVIDE CUSTOMER SERVICE TO CLIENTS

- K1. A typical **client's** journey in a Pilates **environment**
- K2. The importance of **client** care both for the **client** and the organisation
- K3. The basic principles of customer service to include:
 - how to welcome and receive the customer
 - the need and how to be service

oriented

- how to be open and friendly all the time
- how to approach and respond to customers in a positive way
- present yourself in a professional and approachable manner
- how to ensure **client** satisfaction
- how to provide support to the **client**
- techniques to meet **client** requirements and requests
- how to provide alternative customer service solutions if necessary
- personal and interpersonal factors and their influence on customer service
- how to provide on-going customer service to **clients**
- how to engage with **clients** during exercise

- K4. The importance of valuing equality and diversity when working with **clients**

RESPOND TO CLIENT COMPLAINTS

- K5. Different methods to obtain **client** feedback and channels of recording and reporting in line with **organisational procedures** to support membership retention
- K6. How to recognise **client** dissatisfaction promptly and take action to resolve the situation effectively
- K7. The importance of handling **client** complaints positively, sensitively and politely

ADAPTATIONS, MODIFICATIONS AND CONTRAINDICATIONS FOR SPECIAL POPULATIONS

PERFORMANCE CRITERIA

PROFESSIONAL ROLE BOUNDARIES IN RELATION TO SPECIAL POPULATIONS

- P1. Identify the boundaries when working with **special populations** in a normal exercise setting
- P2. Explain an asymptomatic **special population client**
- P3. Give the **client** the choice to stay in the **session** and follow the basic recommended guidelines and/or seek further guidance from an appropriate **special populations** qualified instructor if the Pilates instructor is not trained in these specific areas.
- P4. Explain why Instructors who find themselves frequently working with **special population clients** may be in breach of their duty of care if they do not hold the suitable qualifications
- P5. Identify how to ensure insurance policies covers their instruction, however brief, of **special population clients**
- P6. Identify how to give guidance to encourage **special population clients** to follow the key safety guidelines and to discourage them from anything deemed to be potentially hazardous/contraindicated to enable them to take part in **sessions**.
- P7. Identify the changes to the body systems during antenatal and postnatal period,
- P8. Identify relevant guidelines for women who have not exercised prior to pregnancy
- P9. Identify relevant exercise guidelines for pregnant women during exercise
- P10. Identify relevant exercise guidelines for postnatal women up to 12 months after childbirth
- P11. Identify the main contraindications for pregnant and postnatal and movements to avoid during exercise
- P12. Identify the reasons pregnant women should stop exercising
- P13. Identify conditions that may have elevated risk during the first weeks post birth
- P14. Describe the importance of re-educating posture and joint alignment with postnatal clients
- P15. Explain Linea Alba separation and the effects on the rectus abdominis
- P16. Identify common changes to postural alignment in pregnant and postnatal
- P17. Identify reasons why a postnatal woman should be referred to a health professional
- P18. Explain why babies should not be used as resistance or a weight for exercise and

ANTENATAL AND POSTNATAL WOMEN

why they should be excluded from the exercise area

OLDER ADULTS

THIS GUIDANCE RELATES TO CLIENTS AGED 50 AND OVER

- P19. Identify the changes to the body systems in the older adult
- P20. Explain what is meant by asymptomatic
- P21. Explain why the older adult's fitness levels and outward appearance, may not be true indicators to their fitness ability
- P22. Describe the main considerations for changes to the musculoskeletal/ cardiovascular/neuromuscular systems
- P23. Outline the main losses in each of the body systems for an older **client**
- P24. Outline the main exercise guidelines for programming for an older **client**
- P25. Explain the benefits of using the talk-test and educating clients on the use of the RPE scale as a means of monitoring and regulating exercise intensity
- P26. Identify any contra-indicated exercises for older **clients**

DISABLED CLIENTS

- P27. Explain why disabled **clients** may encounter barriers to regular physical activity
- P28. Identify the benefits of exercise to most disabled **clients**
- P29. Describe the law in relation to the disabled **client's** ability to use a Pilates **environment**
- P30. Identify where to find guidance and support for operators interested in welcoming disabled people into their facilities, and to disabled **clients** interested in getting active

YOUNG PEOPLE

THIS GUIDANCE RELATES TO THE PROVISION OF **SAFE** EXERCISE INSTRUCTION TO YOUNG PEOPLE IN A GYM AND STUDIO **ENVIRONMENT** (AGED 14 TO 17)

- P31. Identify the changes to the body systems

during adolescence, to include:

- general changes to the cardiovascular
- impact of hormones
- changes to musculoskeletal system (including bones and joints)

- P32. Explain a Pilates studio **environment** may not be a suitable place for a young person to exercise
- P33. Identify the physiological and psychological implications of working with young people
- P34. Describe your scope of practice when programming exercise for young people
- P35. Outline the general guidelines for programming exercise for young people
- P36. Describe how to effectively communicate with both young people and parents to ensure an intelligent and **safe session** is followed
- P37. Explain the importance of implementing etiquette and rules from the onset
- P38. Identify the **information** that should be collected on a youth specific PAR-Q and needs analysis

SAFEGUARDING CHILDREN AND VULNERABLE ADULTS

- P39. Explain how to safeguard children, young adults and vulnerable adults who may use your facilities
- P40. Explain the responsibilities and limitations of an instructor with regards to safeguarding
- P41. Identify the statutory agencies responsible for safeguarding in your area

KNOWLEDGE AND UNDERSTANDING

PROFESSIONAL ROLE BOUNDARIES IN RELATION TO SPECIAL POPULATIONS

- K1. Understand professional role boundaries when working with **special populations** and that this qualification does not qualify instructors to:
 - be a specialist instructor in the area, or

advertise as such

- instruct **special population clients**, 1:1 or in groups, on a regular and/or frequent progressive basis
- plan a progressive, long-term **special populations** physical activity programme

K2. The base knowledge required to enable an instructor to accommodate appropriately screened an **asymptomatic** special population clients** within a mainstream studio, aqua or gym exercise **session** on an occasional basis.

**Asymptomatic is the term used by the American College of Sports Medicine/ American Heart Association (ACSM/ AHA) to denote the absence of any of the specified key symptoms of disease (that are considered to put an individual at risk of an adverse event related to participation-during or following-exercise) identified in the Physical Activity Readiness Questionnaire (PARQ) and AHA/ACSM pre-exercise screening tools.

K3. The importance of informing **clients** that they do not have the specialised qualification and training in the adaptation of exercise for **special populations** and only possess basic knowledge regarding recommended guidelines

K4. The importance of giving **clients** the choice to stay in the **session** and follow the basic recommended guidelines and/or seek further guidance from an appropriate **special populations** qualified instructor

K5. When Instructors find themselves frequently working with **special population clients**, the importance of obtaining the relevant qualification/s, and how failure to do so could render them in breach of their duty

of care

K6. How to ensure insurance policies covers their instruction, however brief, of **special population clients**

K7. How to give guidance to encourage **special population clients** to follow the key safety guidelines and to discourage them from anything deemed to be potentially hazardous/contra-indicated to enable them to take part in **sessions**

ANTENATAL AND POSTNATAL WOMEN

THIS INFORMATION RELATES ONLY TO NORMAL, HEALTHY, ADULT WOMEN EXPERIENCING A NORMAL, HEALTHY, SINGLE PREGNANCY, OR WHO HAVE HAD A NORMAL, HEALTHY BIRTH, AND WHO HAVE HAD PREVIOUS NORMAL, HEALTHY PREGNANCIES AND BIRTHS. POSTNATAL REFERS TO A WOMAN UP TO 12 MONTHS AFTER BIRTH.

K8. Changes to the body systems during antenatal and postnatal period, to include:

- general changes to the cardiovascular system
- impact of hormones
- changes to musculoskeletal system (including bones and joints)

K9. Why in most cases exercise is **safe** for both mother and baby.

K10. Why exercise at appropriate intensity for the **client** concerned is not associated with adverse pregnancy outcome

K11. Guidelines for women who have not exercised prior to pregnancy

K12. The importance for the pregnant to:

- maintain adequate hydration during exercise
- avoid exercising in very hot or humid conditions
- consume adequate calories
- restrict exercise **sessions** to no longer than 45 minutes

K13. The best method for monitoring heart rate and exercise intensity during pregnancy

- women should be advised to exercise according to how they are feeling and encouraged to use the talk-test to monitor appropriate, individual intensity
- K14. The main ccontraindications for pregnant and postnatal **clients** and movements to avoid during exercise:
- exercising in the supine position after 16 weeks of pregnancy
 - inclined position is also unlikely to be a successful alternative to flat supine
 - exercising prone
 - prolonged, motionless standing
 - overhead resistance exercise
 - leg adduction and abduction against a resistance
 - isometric exercises
 - loaded forward flexion
 - rapid changes of direction or position
 - uncontrolled twisting
 - exercise with a risk of falling or abdominal trauma
 - excessive and uncontrolled de-stabilisation techniques
 - impact
 - rapid, ballistic or aggressive movements
 - sit up', 'crunch' or 'oblique cross-over' type exercises
- K15. The reasons pregnant women should stop exercising immediately if they experience:
- dizziness, faintness or nausea
 - bleeding or leakage of amniotic fluid
 - abdominal or contraction type pain
 - unexplained pain in the back, pelvis, groin, buttocks or legs
 - excessive shortness of breath, chest pain or palpitations
- K16. The hormonal and postural changes that can make pregnant and postnatal women vulnerable to injury during exercise:
- joint misalignment
 - muscle imbalance
 - motor skill decline (especially if they are genetically hypermobile)
 - stability
 - transversus abdominis muscle recruitment
 - pelvic floor muscle function
- K17. The timeline that these changes in hormones may start (from very early on in pregnancy and gradually become more significant as pregnancy progresses)
- K18. The effects of high intensity or impact exercise on the pelvic floor during and after pregnancy
- K19. Certain conditions that have elevated risk during the first weeks post birth such as:
- air embolism
 - thrombosis
 - haemorrhage
- K20. The importance of waiting until the women has the postnatal 6 to 8 week check before beginning exercising post birth and/or have received the permission of their health care professional
- K21. The importance of re-educating posture and joint alignment with postnatal clients
- K22. Linea Alba separation and the effects on the rectus abdominis for at least 12 months postnatal
- K23. Suitable and non-suitable exercises for the abdominal, obliques, lower back and pelvic floor during pregnancy and postnatal
- K24. Common changes to postural alignment in pregnant and postnatal to include:
- forward flexed with shoulder girdle protraction
 - thoracic kyphosis
 - long weak upper back extensors
 - short tight pectoral muscles
 - prone to neck and shoulder pain
- K25. Why a woman should be referred to a

health professional if she is experiencing any of the following symptoms post birth:

- stress incontinence or pelvic floor muscle weakness
- 'dragging' pain or a feeling of heaviness in the lower abdominal or pelvic floor area
- groin, low back pain or difficulty walking, even if mild and intermittent
- abdominal muscle weakness
- excessive abdominal doming
- abdominal muscle separation or softness/sinking at the umbilical mid-line
- umbilical hernia

K26. Why babies should not be used as resistance or a weight for exercise and why they should be excluded from the exercise area

K27. Why pregnant women may be vulnerable to nausea, dizziness and fainting, and the importance for instructors to ensure they hold up to date first aid skills

OLDER ADULT

THIS GUIDANCE RELATES TO CLIENTS AGED 50 AND OVER.

K28. Changes to the body systems in an older adult, to include:

- general changes to the cardiovascular system
- impact of hormones
- changes to musculoskeletal system (including bones and joints)

K29. 50 is the current internationally recognised age at which there is significant reduction in the safety margins relating to exercise and when pre-exercise screening is essential to ensure exercise professionals meet their duty of care. These best practice guidelines are for 50+ **participants** who:

- are asymptomatic (i.e. determined by the pre-exercise completion and

interpretation of one of the two recommended 50+ pre-exercise Screening Tools namely: Revised PARQ (PARQ-R) or the AHA/ACSM Health/Fitness Facility Pre-participation Screening Questionnaire)

- have little or no recent and frequent experience of the particular exercise modality

K30. Why relaxation of these guidelines for highly trained, recently and frequently, physically active asymptomatic individuals in a particular exercise modality is at the client's own risk

K31. Why an instructor needs to be mindful that regardless of the older adult's fitness levels and outward appearance, the ageing process is underway and the effects this can have on their body

K32. That 40 is the approximate age at which the ageing process begins and 50 is the age at which the progressive losses in the musculoskeletal/cardiovascular/neuromuscular systems means that adaptation of exercise needs to be considered

K33. Highly trained individuals in the 50+ age range are a very small and elite group accounting for approximately 1% of the 50+ population

K34. Ageing is not a disease. It is a natural, universal, complex and highly individual process characterised by progressive losses and declines in the function of most physiological and psychological systems and impacts on fitness and safety during exercise. Eventually these losses lead to increased frailty and inability to respond to stress and disease

K35. Functional status at any age depends not only on our age but also on our rate of ageing, health, gender, lifestyle (including our physical activity levels), behaviour and socio-economic

- influences
- K36. Why potentially serious disease is increasingly prevalent with increasing age
- K37. For most older adults, activity levels remain low or decrease with increasing age
- K38. The losses in each of the body systems (NB from the age of 40) result in a corresponding loss of 1-2% loss per year in physical capacity in:
- muscular strength (fewer, smaller and weaker fibres)
 - power (fewer fast twitch, smaller, weaker and slower)
 - bone density (thinner, more brittle bone and less ability to withstand fracture)
 - aerobic endurance (fewer capillaries, less elastic vessels and reduced intake, uptake and utilisation of oxygen)
 - balance and co-ordination (less sensory input and less postural stability, co-coordinated and less ability to prevent a trip turning into a fall)
 - flexibility
 - agility
- K39. Mobility and transfer skills (stiffer joints, reduced range and ease of movement and less ability to perform activities of daily living (ADLs) such as getting up and down from floor, chairs safely etc.)
- K40. The sensory declines including:
- reduced motor learning (slower motor learning)
 - reduced visual and aural acuity (sight and hearing difficulties)
- K41. The cognitive declines including:
- poorer short term memory
- K42. The recommendations for all clients over the age of 50 to complete a pre-exercise health screening questionnaire (PARQ-R or AHA/ACSM) to establish whether they are asymptomatic and ready to participate or whether they should seek further medical assessment prior to participating in an exercise **programme**
- K43. The importance of spend longer warming up and warming up more gradually than younger clients (i.e. to ensure a total of 15 minutes)
- K44. The importance of including mobility exercises in the **session** such as moderate shoulder circles before increasing the shoulder range of movement (ROM) and progressing to arm circles
- K45. Why clients should be encouraged to take responsibility for additional warm ups themselves, such as by walking to the **session** or by coming early and warming up before the **session**
- K46. The importance of building in a longer, more gradually tapered ending to the **session**
- K47. How to keep the intensity of all training components to a challenging but health related level, that is, without pain or strain and within their individual 'personal best training zone'
- K48. The benefits of using the talk-test and educating clients on the use of the RPE scale as a means of monitoring and regulating exercise intensity, as required (NB it should be challenging)
- K49. In addition, where appropriate, instructors should encourage 50+ **clients** to:
- ensure correct technique as it is even more important for injury prevention with this client group
 - take more time during transitions, such as floor to standing etc.
 - simplify exercise; when correct technique cannot be maintained and risk is increased, such as when any weight bearing steps involving laterally crossing one leg over the other (as in grapevine) are included in a group **session**

- break down moves into stages to prevent dizziness
- learn new exercises with the easiest position and/or the lightest resistance and progress slowly initially

K50. Why the instructor should use their professional judgement (including the client's current physical activity history) before giving suitable alternatives

K51. Why to avoid contraindicated exercises such as:

- extreme spinal flexion
- extension in the neck area, supported head if needed

DISABLED CLIENTS

K52. Why many disabled **clients** experience barriers to accessing sufficient physical exercise to include psychological, physical or social barriers

K53. How regular and planned physical activity in a **safe** and supportive **environment** may not only help disabled **clients** in the same range of ways as for non-disabled clients, but it may also:

- reduce the risk of gaining additional disabling conditions
- improve the ability to perform activities of daily living that might previously have been difficult
- maintain or even improve independence

K54. Why it is unlawful to:

- refuse to serve a disabled person
- provide a lower standard of service
- offer a less favourable service to a disabled person

What disabled refers to - a person has a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities

K55. The legal requirements of service providers:

- they must make 'reasonable adjustments' to their facilities and services so that they are accessible to disabled people
- Adjustments to buildings and services must be made in expectation of attendance by disabled people; it is not reasonable for disabled people to be asked to wait until adjustments have been made
- This may include providing extra help when required, but does not include automatically providing an additional service that is not required
- Exemption is justified for the following reasons:
 - if by meeting the needs of the disabled person the health and safety of any person, including the disabled person, is endangered
 - if by serving the needs of the disabled person the service provider is unable to serve others (not including a delay or inconvenience to others)
 - if the disabled person is unable to enter into a legally enforceable agreement, or give informed consent
 - if providing a service to disabled people on the same terms as to other people means that it would not be possible to offer the service at all, or if a higher charge would have to be made to others

K56. Where to find guidance and support for operators interested in welcoming disabled people into their facilities, and to disabled people interested in getting active

YOUNG PEOPLE

THIS GUIDANCE RELATES TO THE PROVISION OF **SAFE**
EXERCISE INSTRUCTION TO YOUNG PEOPLE IN A GYM AND
STUDIO **ENVIRONMENT** (AGED 14 TO 17)

- K57. Changes to the body systems during adolescences, to include:
- general changes to the cardiovascular system
 - impact of hormones
 - changes to musculoskeletal system (including bones and joints)
- K58. Pilates studio **environments** are typically designed with an adult in mind; therefore, certain elements and exercises may not be suitable until an individual reaches physical maturity
- K59. Adolescence is characterised by dramatic physical, cognitive, social and emotional changes. These changes, along with the young person's growing independence, search for identity, concern with appearance, need for peer acceptance and active lifestyle, can significantly affect their mental and physical activity behaviours
- K60. The importance of understanding how the impact of exercise participation on the young person both now and in the future will greatly depend on how psychological and physiological changes are managed by the individual and others
- K61. If there is any doubt over the suitability of the **environment**, equipment and training for young people then instructors should contact a fully qualified children's physical activity instructor
- K62. Physiological safety considerations:
- a Pilates **environment** is typically designed with an adult in mind; therefore, certain elements may not be suitable until an individual reaches physical maturity.
 - emphasise the importance of variety within a **session**. it is extremely important to avoid excessive training. these include too much of one form of exercise, participating in the wrong class for their body type
- inappropriate size matching in pairs should be avoided
 - the appropriate equipment for the activity (correct size, weight etc.) should always be provided
- K63. Psychological safety considerations - it is important to remember that psychological symptoms/difficulties often go hand in hand with growing up. It is extremely important that a qualified children's physical activity instructor is consulted if any situations causing concern arise
- K64. Why instructors should be aware of the lack of mental ability of some young people to cope with the psychological and physiological changes they are undergoing, especially if they are considerably bigger or smaller than the rest of their peer group. This may lead to low self-esteem or other psychological problems
- K65. Why instructors should be aware that psychological changes in young people could lead to bouts of teenage depression, social issues (such as violence), smoking and drugs, eating disorders and even over-training
- K66. How to use effective **communicate methods** with both young people and parents to ensure an intelligent and **safe session** is followed. Simple language that is jargon free and not overly technical needs to be used
- K67. The importance of implementing etiquette and rules from the onset (young people need clear guidelines of expected behaviour)
- K68. Why it is important to identify common

ground to build rapport and trust with young people but remain within the guidelines of safeguarding children

K69. The importance of a youth specific PAR-Q and needs analysis to accommodate the young people who sign up to use the facilities (this should be done by a qualified children's physical activity instructor). The terminology used in a youth specific PAR-Q needs to be client friendly to ensure they understand the questions asked. The PAR-Q and etiquette/rules will need to be signed for by their parent or guardian, if they are under the age of 16, to allow access into the gym prior to their first **session**

K70. Understand your scope of practice:

- if an instructor does not hold a children's physical activity qualification, then they should **not** instruct young people to lift weights
- *free-weight exercises including dumbbells, barbells and cables require a significant amount of knowledge and experience with regards to postural alignment and engaging a neutral spine; therefore, these exercises must be guided under and provided by a qualified children's physical activity instructor to encourage and develop solid basic skills*
- ultimately the most effective form of resistance training could cause the most harm if not supervised correctly by an experienced children's physical activity instructor

K71. Guidelines for flexibility training in young people:

- Caution should be taken when teaching any stretch exercise especially when young people are in a growth spurt. These are really vulnerable times and there is an

increased injury risk as the soft tissue around the joints is already stretched as muscle growth does not keep up with bone growth rates

- Flexibility classes, for example yoga, need to be taught with caution especially with young people who are in their growth spurt. Adapted exercises may need to be applied if the young person complains of any discomfort or pain during certain exercises
- Some young people will not have gained sufficient motor skills to develop their flexibility with good technique and therefore risk injury by not understanding stretching to the point of 'mild tension'. Terminology and understanding needs to be adapted to ensure young people understand the given task

DUTY OF CARE

K72. The Safeguarding of Children and Vulnerable Adults - with young people training within a Pilates **environment**, the instructor is in 'loco parentis' in this situation and it is their responsibility to ensure the individuals are using the correct and suitable equipment according to their stature and mental capacity. In legal terms this is known as Duty of Care. If during a liability claim procedure it was found that an accident occurred on a piece of equipment that was unsuitable for the end-user, then the instructor and his/her employer would be held jointly responsible and therefore be deemed negligent

K73. Why duty of care applies to all clients (it is the obligation to exercise a reasonable level of care towards an individual, to avoid injury to that individual or his/her property)

- K74. How duty of care and liability with regard to a breach in duty of care is based upon the relationship between the parties, the negligent act or omission and whether the loss to the individual was reasonably foreseeable
- K75. Examples of how a negligent act is an unintentional but careless act which results in loss
- K76. Why duty of care is said to be greater when working with vulnerable adults
- K77. The definition of a vulnerable adult is defined by the UK government as 'a person aged 18 years or over, who is in receipt of or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'
- K78. Why instructors have a greater duty of care to vulnerable clients and any client undergoing a 'special' physiological lifespan process that puts them at greater risk of an exercise related event, such as childhood, ageing, ante and postnatal

at all times; this includes:

- acting as a role model
- adhering to the policies and procedures
- adhering to the code of practice
- always wearing uniform and/or name badge if one is provided
- understanding and acting upon their responsibilities
- recognising the need to protect the rights of participation, for fun, enjoyment and achievement for all
- reporting any suspected abuse to the safeguarding and protection officer or senior manager
- responding to cases of abuse in a responsible manner
- working in an open environment

K84. The types of abuse which an instructor may encounter - Abuse can take on many forms, but it can be broadly separated into five categories:

- physical
- emotional
- sexual
- bullying
- neglect

SAFEGUARDING CHILDREN AND VULNERABLE ADULTS

- K79. Health and safety requirements for safeguarding and protecting participants
- K80. Ways of assessing and controlling risks using legal and organisational procedures
- K81. Examples of procedures for safeguarding and protecting **participants** and why you should adhere to these at all times
- K82. The values or codes of practice relevant to the work you will be carrying out (the Exercise and Fitness Code of Ethical Practice) and their importance
- K83. The responsibilities and limitations of an instructor and the importance of demonstrating safeguarding behaviour

HEALTH, SAFETY AND WELFARE

PERFORMANCE CRITERIA

MAINTAIN A HEALTHY AND SAFE ENVIRONMENT

- P1. Identify national and local, **legal and organisational procedures** for health and safety relevant to working in a Pilates **environment**
- P2. Identify how to access up to date health and safety information to carry out all work tasks safely and responsibly
- P3. Describe legislative rights and responsibilities for workplace health and safety
- P4. Maintain the safety of the **participants** involve
- P5. Demonstrate manual handling during role as an instructor

CONTROLLING RISKS

- P6. Identify likely hazards in the Pilates setting
- P7. Carry out risk assessments and minimise risk within the exercise setting
- P8. Demonstrate how to implement risk management procedures required to minimise risk within the Pilates setting
- P9. Identify any new risks during a **session** and take action to control these in line with national guidelines
- P10. Get advice from a relevant colleague if unsure about hazards and risks in the workplace

ORGANISATIONAL PROCEDURES

- P11. Explain why health, safety and welfare

are important in a Pilates **environment**

- P12. Identify the persons responsible for health and safety the Pilates **environment**
- P13. Identify the health and safety implications of correct assembly, dismantling, maintaining hygiene and storage of equipment.
- P14. Create a storage plan for studio equipment
- P15. Identify key Health and safety policies, **legal and organisational procedures** and documents which may be used in the Pilates environment.
- P16. Identify and report unsafe work practices
- P17. Address safety issues within the limits of own role and responsibility
- P18. Demonstrate suitable use of appropriate cleaning substances

DEAL WITH ACCIDENTS, INJURIES SIGNS OF ILLNESS AND EMERGENCY

- P20. Outline how to deal with accidents, injuries and illnesses according to **organisational procedures**, including when to call for emergency services as the involvement of **other professionals**
- P22. Check suitable first aid equipment is available in the Pilates environment
- P23. Describe how to maintain the safety of the **participants** involved in an emergency
- P24. Identify the **legal and organisational**

- procedures** for reporting an emergency
- P25. Demonstrate a responsible attitude to the care and safety of **participants** within the Pilates **environment**
- P26. Explain how to ensure adequate and appropriate liability and indemnity insurance is in place

KNOWLEDGE AND UNDERSTANDING

MAINTAIN A HEALTHY AND SAFE ENVIRONMENT

- K1. National and local, **legal and organisational procedures** for health and safety relevant to working in a Pilates **environment**, could include:
- health and safety policies
 - Safeguarding
 - manual handling
 - control of substances hazardous to health
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
 - First Aid regulations
 - Emergency Action Plan (EAP)
 - hazard identification
 - health, hygiene and cleaning
 - personal safety
 - reporting procedures
- K1. How to access up to date health and safety information to carry out all work tasks safely and responsibly
- K2. Legislative rights and responsibilities for workplace health and safety
- K3. How to maintain the safety of the **participants** involved

ASSESSING AND CONTROLLING RISKS

- K4. Definition of hazards and how they can be identified, isolated, eliminated or minimised
- K5. Know and understand ways of controlling risk in the Pilates **environment** to include:
- dealing with the hazard personally
 - reporting the hazard to the relevant colleague

- K6. How to identify likely hazards in the exercise **environment** and **programme** and assess the risks of these hazards, to include:

Environment factors which can affect the health and safety of the instructor and client

- premises - surfaces
- staff
- customers
- behaviour, attitudes, needs
- equipment

Operations which can affect the health and safety of the instructor and **client**:

- between staff, **client**, equipment and premises
- activities in the **programme**
- other activities happening at the same time
- **client** assessment methods

- K7. Carry out risk assessments and minimise risk within the Pilates setting:

- demonstrate a duty of care to **clients**
- **client** safety and wellbeing
- legal responsibilities
- compliance with national
- health and safety policies
- ethics and professional
- conduct

- K8. How to implement risk management procedures required to minimise risk within the exercise setting:

- systems for identifying, assessing, reviewing and minimising risk
- systems for logging action
- systems for informing staff of risk management procedures and health and safety requirements
- industry and national guidelines for normal operating procedures
- supervision
- systems for informing **participants** of facility rules, correct use of services and equipment and health and safety

requirements

- systems for maintenance of equipment and facilities
- breaches in risk management procedures/health and safety
- maintenance of risk management/health and safety records

K9. How to identify any new risks during a **session** and take action to control these in line with national guidelines

K10. Know why it is important to get advice from a relevant colleague if unsure about hazards and risks in the workplace

ORGANISATIONAL PROCEDURES

K11. Why health, safety and welfare are important in a Pilates **environment**

K12. Typical safety issues in the Pilates **environment** which may include:

- environmental conditions
- slippery surfaces
- manual handling and lifting
- body fluids
- fire
- noise, light and energy sources
- faulty electrical equipment
- faulty equipment
- vehicles

K13. The persons responsible for health and safety in a general Pilates **environment** and their role, could include:

- supervisors
- managers
- team leaders

K14. Manufacturers' guidelines for set up, maintenance and servicing and instructions for the use of facilities and equipment and where to locate them

K15. The health and safety implications of assembly, dismantling, maintaining hygiene and storage of equipment

K16. The importance of storage plans and how to create one

K17. Key health and safety policies, **legal and**

organisational procedures and documents

K18. Know why it is important to make suggestions about health and safety issues and how to do so

K19. The principle uses and suitability of a range of cleaning substances relevant to the Pilates **environment** e.g. anti-bacterial spray

DEAL WITH ACCIDENTS, INJURIES SIGNS OF ILLNESS AND EMERGENCY

K20. The types of accidents, injuries and illnesses that may occur in the Pilates **environment**

K21. How to deal with accidents, injuries and illnesses according to **legal and organisational procedures**

K22. Ensure first aid equipment meets health and safety guidelines and is present and functional

K23. Know how to decide whether to contact the on-site first aider or immediately call the emergency services

K24. Know the procedures to follow to contact the emergency services

K25. How to carry out your role whilst following emergency procedures

K26. Know the roles that different staff and external services play during an emergency

K27. How to maintain the safety of the **participants** involved in an emergency

K28. The **legal and organisational procedures** of your organisation for reporting an emergency

K29. How to show a responsible attitude to the care and safety of **participants** within the Pilates **environment** and in planned activities ensuring that both are appropriate to the needs of the clients

K30. The importance of adequate and appropriate liability and indemnity insurance in place to protect their clients and any legal liability arising.

PRINCIPLES OF EXERCISE AND PROGRAMMING FOR PILATES

PERFORMANCE CRITERIA

LIFESTYLE AND HEALTH PROMOTION

- P1. Apply relevant physical activity guidelines to **client's** programme
- P2. Explain the benefits of physical activity and their relation to reducing the risk of disease.
- P3. Identify the agencies involved in promoting physical activity for health in their home country
- P4. Identify credible information sources and research methods.
- P5. Identify the range of relevant exercise or **other** professionals that **clients** can be signposted/referred onto when they are beyond own scope of practice/area of qualification

THE COMPONENTS OF FITNESS

- P6. Apply the relevant components of health related fitness to **client's** programme
- P7. Identify in the initial assessment, the factors that can affect client's health, physical fitness and skill related fitness
- P8. Design a **programme** for client's physical fitness, health benefits and sports specific fitness as applicable
- P9. Apply the principles and variables of fitness components to the **programme**

THE PRINCIPLES OF PROGRESSION

- P10. Apply the progressive principles in

programming

- P11. In programming show understand of the relevant physiological changes that occur in the body as a result of changes made to progress a **programme** over a period of time

BIOMECHANICAL CONCEPTS

- P12. Apply the biomechanical concepts to programming
- P13. Apply open and closed chain kinetic movements as relevant to the **client**

MUSCULAR STRENGTH AND ENDURANCE

- P14. Apply the principles of the Muscular Strength and Endurance (MSE) continuum to programming
- P15. Identify the benefits of MSE training in relation to health-related fitness and factors affecting individual's ability to achieve MSE gains
- P16. Apply a whole body approach to programming

STRETCH THEORY

- P17. Apply the range of movement continuum to programming
- P18. Apply relevant methods and principles of flexibility and stretching to programming
- P19. Explain the stretch reflex, desensitization and lengthening of muscle tissue (muscle creep)

- P20. Identify factors affecting an individual's potential range of movement
- P21. Identify relevant activities that improve range of movement

KNOWLEDGE AND UNDERSTANDING

LIFESTYLE AND HEALTH PROMOTION

- K1. The relevant physical activity guidelines for different ages and dose-response relationship including appropriate exercise activity required for health benefits and fitness benefits
- K2. General benefits of physical activity to include:
- reduced blood pressure
 - improved body composition
 - reduced risk of certain diseases including:
 - coronary heart disease (CHD)
 - some cancers
 - Type 2 Diabetes, hypertension
 - Stroke
 - Obesity
 - musculoskeletal conditions
 - Osteoporosis
- K3. Psychological benefits such as:
- reduced risk of stress,
 - mental health problems
 - depression
 - anxiety
- K4. The agencies involved in promoting physical activity for health in their home country
- K5. Understand where to find credible information sources and research methods, and the importance of evidence-based practice
- K6. Know the range of relevant exercise or **other professionals** that **clients** can be signposted/referred onto when they are beyond own scope of practice/area of qualification

THE COMPONENTS OF FITNESS

- K7. The components of physical and health-related fitness to include:
(muscular strength, hypertrophy, aerobic endurance, muscular endurance, flexibility, body composition, agility, balance, coordination, power, reaction time, speed)
- K8. Factors that affect health, physical fitness and skill related fitness
- K9. The relationship and differences between physical fitness, health-related exercise, sports specific exercise and programming for each

THE PRINCIPLES OF PROGRESSION

- K10. Understand the progressive principles and how to use them to adapt, modify, progress and regress in terms of:
- specificity
 - progression
 - reversibility
 - adaptability
 - individuality
 - recovery time
 - adaptation
 - overload – Frequency, Intensity, Time, Type (FITT), adherence, rate, resistance, repetitions, rest, range of movement
- K11. The principles of a progressive training **programme** in developing components of fitness
- K12. Understand the relevant physiological changes that occur in the body as a result of changes made to progress a **programme** over a period of time

BIOMECHANICAL CONCEPTS

- K13. Biomechanical concepts and their effects on exercises, to include:
- centre of gravity
 - stability

- momentum
- inertia
- alignment
- levers
- torque
- base of support
- balance
- planes of motion
- length-tension relationships

- K14. Open and closed chain kinetic movements. Understand their advantages and disadvantages
- K15. The effect of speed of movement on posture, alignment and intensity
- K16. The effects of the following on exercise and the **client**:
- resistance
 - force
 - axis
 - variable resistance

- K26. Factors affecting an individual's potential range of movement
- K27. The activities that improve range of movement

MUSCULAR STRENGTH AND ENDURANCE

- K17. The Muscular Strength and Endurance (MSE) continuum
- K18. The benefits of MSE training in relation to health-related fitness and factors affecting individual's ability to achieve MSE gains
- K19. The physiological changes that occur as a result of MSE training
- K20. The need for the whole body approach

STRETCH THEORY

- K21. The range of movement continuum
- K22. The physiological and health-related changes that occur as a result of stretching
- K23. The different types of stretching (dynamic and static)
- K24. The different methods of stretching (active and passive)
- K25. Stretch reflex, desensitization and lengthening of muscle tissue (muscle creep)

PRINCIPLES, FUNDAMENTALS, PHILOSOPHY AND ORIGINS OF MAT PILATES

PERFORMANCE CRITERIA

THE HISTORY OF PILATES

- P1. Describe the history and **origins of Pilates** and how it has developed
- P2. Describe the **principles** of Pilates
- P3. Describe what is the **Comprehensive Pilates** repertoire and its relationship to mat Pilates

THE FUNDAMENTALS, PHILOSOPHY AND PRINCIPLES OF PILATES

- P4. Explain the **fundamentals** of Pilates
- P5. Describe the repertoire and **34 original Pilates mat based exercises**
- P6. Describe the **Pilates movement principles**
- P7. Identify how Pilates has developed and changed and why
- P8. Demonstrate the Pilates philosophy
- P9. Demonstrate how to use the **original principles** of Pilates in class design and teaching
- P10. Demonstrate how to use the **fundamentals** of Pilates in class design and teaching
- P11. Demonstrate an ability to embody the **Pilates philosophy** in teaching

THE REPERTOIRE OF THE 34 ORIGINAL PILATES EXERCISES

- P12. Show a understanding of the repertoire and 34 original Pilates mat based exercises
- P13. Demonstrate use of suitable modifications and adaptations of the

original moves that aim to work the client towards the original exercise if appropriate.

KNOWLEDGE AND UNDERSTANDING

THE HISTORY OF PILATES

- K1. The history and origins of Pilates including the elders
- K2. The principles of Pilates
- K3. The Pilates Studio Equipment (**Comprehensive**) and its relationship to mat Pilates

THE FUNDAMENTALS, PHILOSOPHY AND PRINCIPLES OF PILATES

- K4. The fundamentals of Pilates
- K5. The Pilates movement principles
- K6. How Pilates has developed and changed and why
- K7. The Pilates philosophy
- K8. How to use the principles of Pilates in class design and teaching
- K9. Embodying and teaching the Pilates philosophy and fundamentals

THE REPERTOIRE OF THE 34 ORIGINAL MAT-BASED PILATES EXERCISES

- K10. The repertoire and 34 original Pilates mat based exercises
- K11. Suitable modifications and adaptations of the original moves that aim to work the client towards the original exercise if appropriate.

COLLECT AND ANALYSE RELEVANT INFORMATION AND AGREE GOALS WITH PILATES CLIENT

PERFORMANCE CRITERIA

COLLECTING INFORMATION

- P1. Outline a suitable intake procedure using a questionnaire and interview format to include:
 - personal
 - health issues
 - exercise history
 - health goals
 - observation
- P2. Describe the types of **information** required to design a mat Pilates **programme** to meet the needs of **participants/client**
- P3. Identify **safe** methods of collecting **information**
- P4. Identify appropriate methods to collect and record **information** about **participants/client**
- P5. Ensure collected **information** is up-to-date
- P6. Ask **clients** if they have any illnesses or injuries
- P7. Advise individuals of any reasons why they should not participate in the exercises
- P8. Use suitable formats for recording **information**
- P9. Record **information** in a way that will help you analyse it
- P10. Maintain the confidentiality of collected **information**, following **legal and organisational procedures**

INTERPRETING INFORMATION COLLECTED

- P11. Interpret **information** to allow you to identify **participants'/client** needs and **goals** and specific objectives
- P12. Analyse risk factors and co-morbidities (one or more coexisting medication conditions or disease processes)
- P13. Consider from **information** collected:
 - precautions
 - contraindications
 - modifications of Pilates exercises for specific needs
- P14. Identify common pathologies and medical conditions and know when to refer to **other professionals** and/or 121 Pilates sessions
- P15. Source information related to **client's** risk factors and medical conditions
- P16. Identify how to research information related to the **client's** condition
- P17. Identify the implications for the mat Pilates **session**

SCOPE OF PRACTICE AND REFERRING TO ANOTHER PROFESSIONAL

- P18. Align teacher experience and knowledge with client expectations to develop a successful and suitable program
- P19. Describe the procedures to follow when referring **participants** to **other professionals**
- P20. Identify when **participants** need

referral to **other professionals**

KNOWLEDGE AND UNDERSTANDING

COLLECTING INFORMATION

- K1. A suitable intake procedures in questionnaire and interview formats
- K2. The types of **information** required to design a Mat-Based Pilates programme to meet the needs of **clients/participants**
- K3. Safe** and appropriate methods to collect and record **information** about **clients/participants**
- K4. Make sure collected **information** is up-to-date
- K5. Why it is important to ask **clients** if they have any illnesses or injuries
- K6. When to advise **clients** of any reasons why they should not participate in the exercises
- K7. Formats for recording **information**
- K8. How to record **information** in a way that will help you analyse it
- K9. Safeguarding the confidentiality of collected **information**, following **legal and organisational procedures**

INTERPRETING INFORMATION COLLECTED

- K10. Procedures for organising and interpreting **information** to allow you to identify **participants'** needs, **goals** and specific objectives
- K11. How to analyse risk factors and co-morbidities (one or more coexisting medication conditions or disease processes)
- K12. Precautions, contraindications, and modifications of Pilates exercises for specific needs to include:
 - osteoporosis
 - arthritis
 - lower back pain
 - postural imbalance
- K13. Common pathologies and medical conditions

- K14. Suitability of group mat classes or 121 for client's with specific needs or medical conditions
- K15. Sourcing information related to **client's** risk factors and medical conditions
- K16. Resources available to support researching of **client's** condition to include:
 - peer review guidelines
 - libraries
 - Internet
 - medical professionals
 - support groups for specific conditions

How to analyse the **information** collated and identify the implications for the mat Pilates **session/class**

SCOPE OF PRACTICE AND REFERRING TO ANOTHER PROFESSIONAL

- K17. Aligning experience and knowledge with **client** expectations to develop a successful and suitable **programme**
- K18. When **participants** need referral to **other professionals**
- K19. The procedures to follow when referring participants/client to **other professionals**

ASSESSING THE PILATES CLIENT

PERFORMANCE CRITERIA

- P1. Assess client's readiness to participate in a Pilates **session**

ASSESSING POSTURE

- P2. Identify current ideals of static and dynamic postural alignment
- P3. Identify common postural models/patterns that deviate from the ideal

ASSESSING MOVEMENT

- P4. Identify healthy joint range of motion
- P5. Describe balanced muscle development
- P6. Identify healthy body mechanics and movement patterns (e.g., squatting, reaching, walking, sitting)
- P7. Analyse common conditions or activities that may cause asymmetries or imbalances

METHODS OF ASSESSING

- P8. Identify muscular imbalances and asymmetries that may affect a **client's** posture, movement, balance and coordination
- P9. Demonstrate suitable observation and movement assessment skills in order to develop an appropriate Pilates exercise **programme**.
- P10. Demonstrate suitable methods for observing body mechanics and movement patterns

- P11. Demonstrate suitable methods for observing and assessing static and dynamic postures
- P12. Demonstrate suitable methods for analysing quality of movement, utilizing the Pilates movement principles
- P13. Demonstrate suitable methods for documenting, interpreting, and archiving observations

KNOWLEDGE AND UNDERSTANDING

- K1. The importance of assessing client's readiness to participate in a Pilates **session** (e.g., physically through postural analysis and quality of movement and psychologically through verbal and non-verbal communication)

ASSESSING POSTURE

- K2. Current ideals of static and dynamic postural alignment
- K3. Common postural models
- K4. Common patterns that deviate from the ideal postural alignment

ASSESSING MOVEMENT

- K5. Healthy joint range of motion
- K6. Balanced muscle development
- K7. Healthy body mechanics and movement patterns (e.g., squatting, reaching, walking, sitting)
- K8. Common conditions or activities that

may cause asymmetries or imbalances

METHODS OF ASSESSING

- K9. How to identify muscular imbalances and asymmetries that may affect a **client's** posture, movement, balance and coordination
- K10. Observation and movement assessment skills needed as an instructor in order to develop an appropriate Pilates exercise programme.
- K11. Methods of observing body mechanics and movement patterns
- K12. Methods of observing and assessing static and dynamic postures
- K13. Methods of analysing quality of movement, utilizing the Pilates movement principles
- K14. The methods of collecting, analysing and recording **information** that enable progress to be reviewed against goals and initial baseline data
- K15. Methods of documenting, interpreting, and archiving observations
- K16. What is achievable in assessments of a group Pilates session versus a 1:1 client assessment

PLAN AND DESIGN MAT-BASED PILATES PROGRAMME (GROUP CLASS AND ONE TO ONE)

PERFORMANCE CRITERIA

PRINCIPLES OF PLANNING

- P1. Set goals and objectives for Pilates **sessions** specific to your **participants'** and **client's** needs
- P2. Demonstrate planning demonstrations from a variety of positions within the setting
- P3. Select relevant **teaching methods**

MEETING THE NEEDS OF THE PARTICIPANTS

- P4. Agree the demands of the programme with your **participants** and **client**
- P5. Create a plan with modifications and adaptations to meet the needs of the **client** during the **session**
- P6. Add in to the plan review dates for the plan/**session**
- P7. Take account of **participants' postural types** when observing their movement
- P8. Plan realistic timings, intensities and sequences

THE EXERCISES/MOVES

- P9. Plan a mat Pilates **session** based on the repertoire of the **original 34 moves**, mat-based **principles** and **fundamentals** of Pilates
- P10. Select and structure exercises that will enable **clients** to become aware of their potential optimum movement
- P11. Plan methods to teach the correct exercise positions and alignment for each

exercise and **starting position**

- P12. Take in account the effect of gravity on exercise positions and alignment
- P13. Create a balanced **programme**
- P14. Create a **session** that includes transitional movements and flow
- P15. Select the appropriate number of exercises for the **participant's/client's** fitness level or experience

THE TEACHING ENVIRONMENT

- P16. Take account of the **environment** when planning the **sessions**
- P17. Use suitable music (where appropriate), for the **participants** and **session**
- P18. Show awareness of the influence of **environment** on **clients'** ability to learn successfully

FORMAT OF SESSION PLANS

- P19. Record plans in an accessible format that will help you, your **clients** and **other professionals** to implement the programme

KNOWLEDGE AND UNDERSTANDING

PRINCIPLES OF PLANNING

- K1. Why thorough planning and preparation are necessary for a mat based Pilates **programme**
- K2. How to set **goals** and objectives for Pilates **session**

- K3. The importance of planning demonstrations from a variety of positions within the **environment**
- K4. How to include relevant **teaching methods**

MEETING THE NEEDS

OF THE PARTICIPANTS AND CLIENTS

- K5. Methods of ensuring the **programme** meets the needs of **participants and client**
- K6. How to create modifications and adaptations including progression and regression for specific **clients'** needs to include:
- use of props
 - sequencing
 - timing
 - intensity
 - duration
 - repetitions
 - changing ROM
 - substituting equipment for additional support
- K7. When to review the **programme** with **participant/client**
- K8. The effect of different **postural types** and postural issues on movement and exercise
- K9. A suitable session structure which is based on the **original 34 moves, principles** and **fundamentals** of Pilates and includes:
- Suitable use of apparatus (if required)
 - Options/modifications to help meet individual needs
 - developmental progressions
- K10. The purpose and value of each exercise within the **session**
- K11. How timings, intensities and sequences can affect outcomes of the **session**

THE EXERCISES/MOVES

- K12. How to include exercises and adaptations that evolved from the

repertoire of **34 original mat-based exercises** and comprises the **original principles** and the **fundamentals** of Pilates

- K13. Select and structure exercises that will enable **clients** to become aware of their potential optimum movement
- K14. The effect of gravity on exercise positions and alignment
- K15. The importance of creating **balance in programming**
- K16. How to create transitions between exercises for continuity and flow of:
- movement and breath
 - building endurance
 - cognitive skills
 - discipline
- K17. Selecting the appropriate number of exercises for the **participant's/client's** fitness level or experience
- K18. How to modify and adapt the Pilates exercises whilst working towards the original moves

THE TEACHING ENVIRONMENT

- K19. Availability of equipment (home and studio)
- K20. How to take account of the **environment** when planning the sessions
- K21. The structure and suitability of music (where appropriate) for the **clients** and the **session**
- K22. The influence of **environment** on **participants'** ability to learn successfully
- K23. How to prepare the environment you need for the **session**, following **legal and organisational procedures**

FORMAT OF SESSION PLANS

- K24. How to record plans in an accessible format that helps the implementation of the **programme**

PREPARE TO INSTRUCT MAT-BASED PILATES SESSIONS

PERFORMANCE CRITERIA

PREPARING THE PARTICIPANT(S)

- P1. Meet your **clients** at the agreed time and make them feel welcome and at ease
- P2. Establish a rapport with **client's** using appropriate methods
- P3. Assess and agree with your **participants'** their motivation to take part in the planned session
- P4. Assess and agree your **clients'** stage of readiness to take part in the planned **session**
- P5. Explain the objectives and exercises that you have planned for the **session** to the **participants**
- P6. Collect any new information from your **clients** about their response to previous activity
- P7. Explain the physical and technical demands of the planned exercises to the **clients** and how they can progress and regress these to meet their **goals**
- P8. Agree with your **clients** any changes to the planned exercises that will assist them to meet their needs and enable them to maintain progress
- P9. Explain to **clients** the health, safety and emergency procedures

PREPARING THE ENVIRONMENT

- P10. Select and prepare the resources, equipment and environment

- P11. Organising the Pilates exercise space for safety and efficiency
- P12. Prepare the **environment** according to **clients'** needs and following **legal and organisational procedures**

KNOWLEDGE AND UNDERSTANDING

PREPARING THE PARTICIPANT(S)

- K1. The importance of careful preparation for the **session**
- K2. Why it is important to make sure **participants/clients** are properly prepared before **session** begins
- K3. Ways of ensuring the **participants/clients** are prepared before the **session** begins
- K4. Methods of finding out how **clients** responded to previous physical activity
- K5. Why it is important to explain to **clients** the objectives, physical demands and exercises that are planned
- K6. Methods of assessing **clients'** readiness to take part in a mat Pilates **session**
- K7. The instances when you may need to negotiate and agree changes to your plans with **participants/clients**
- K8. The importance of being aware of the health, safety and emergency procedures for each **environment** in which you teach

PREPARING THE ENVIRONMENT

- K9. How to select and prepare the

equipment for **safe** and effective use in the **session** to include:

- equipment set-up
- correct use/settings
- maintenance
- safety of use

K10. How to prepare the **environment** for a **safe** and effective **session** to include:

- lighting
- Sound
- temperature
- space
- floor surfaces available

K11. How to prepare the environment according to clients' needs and following legal and organisational procedures

TEACH, ADAPT, MODIFY AND PROGRESS MAT-BASED PILATES EXERCISES

PERFORMANCE CRITERIA

TEACHING SKILLS

- P1. Instruct **participants** through the **session** using an effective balance of instruction, movement, interaction, discussion and suitable **teaching methods**
- P2. Ensure the use of suitable **communication techniques**, teaching points, visualisations and imagery (as required) to support the performance of the **participants'/client**
- P3. Educate and inspire the **participants'/client** to commit both physically and mentally to the **session**
- P4. Provide timely reinforcement and feedback throughout the **session**
- P5. Demonstrate an ability to maintain supervision of the exercise environment
- P6. Observe and correct **participants/clients** throughout the **session using** appropriate hands-on (touch) guidance to enhance the execution of the exercises
- P7. Ensure the **participants/clients** maintain correct technique and alignment
- P8. Use effective cueing throughout the **session**
- P9. Manage multiple **participants** in a group Mat-based Pilates class
- P10. Use effective methods of voice projection, volume and pitch of voice
- P11. Evaluate a mat Pilates session at regular intervals to maintain **participants'** motivation
- P12. Address individual and group needs within the group class without losing primary **goal** of the **session**
- P13. Integrate Mat and appropriate Pilates apparatus into the **session**

ADAPTING, MODIFYING AND PROGRESSING

- P14. Select suitable modifications, adaptations or regressions to meet **participants'** needs
- P15. Make use of existing progression and regression plans
- P16. Communicate modifications, progressions and adaptations to your **participants**
- P17. Monitor the effectiveness of the adaptations
- P18. Progress **client** to a more challenging level if applicable
- P19. Make a recording of the changes made and the reasons for the change

SUPPORTING THE PARTICIPANTS/CLIENT

- P20. Support **clients** to be able to carry out the exercises on their own
- P21. Educate the **clients** to integrate and adapt the goals and benefits of the Pilates method into activities of daily living
- P22. The ability to recognize changes in **participants'** current physical or psychological state

- P23. Assess **client's** readiness to progress during a current session
- P24. Motivate and develop **client's** independence, confidence, and awareness
- P25. Recognise any warning signs and symptoms that may occur during a Pilates **session** and reacting safely and effectively
- BRING PILATES SESSION TO AN END**
- P26. Allow sufficient time to bring the session to an end
- P27. End the activities in a way that is safe and effective for your **clients**
- P28. Give **clients** the opportunity to ask questions, provide feedback and think about their performance
- P29. Provide **clients** with positive reinforcement about their performance
- P30. Encourage **clients** to give their views
- P31. Explain to **clients** how their progress links to their **goals**
- P32. Direct **clients** to private, group, or home programme based on finances, compliance, learning style, attitude, and success at meeting **goals**
- P33. Leave the **environment** in a condition suitable for future use, by yourself or others
- P34. Evaluate the mat Pilates **session**

KNOWLEDGE AND UNDERSTANDING

TEACHING SKILLS

- K1. Why an effective balance of instruction, movement, interaction and discussion is necessary within the **session**
- K2. The importance of using suitable **communication techniques** to make sure **clients** understand what is required
- K3. A range of suitable teaching points, visualisations and imagery to support the **client** in their performance
- K4. Educating and inspiring the **client** to

- commit both physically and mentally to the Pilates **session** and philosophy
- K5. Methods of providing positive and timely reinforcement and feedback throughout the **session**
- K6. The importance of maintaining supervision of the exercise **environment** at all time
- K7. How to use appropriate **teaching methods** when instructing Pilates:
- K8. The importance of matching **teaching methods** and **learning styles** to maximise **clients'** progress and motivation
- K9. Methods of observes and analysing **clients'** performance
- K10. Ways of providing effective instructions, demonstrations and explanations to **clients** to ensure correct exercise position and alignment for each **phase** of the **session**
- K11. The importance of effective cueing, to guide or correct movement patterns
- K12. The necessity of using suitable correcting techniques including appropriate hands-on (touch) guidance to enhance the execution of the exercises
- K13. How to manage multiple **participants** in a group Mat-based Pilates class
- K14. How to manage **session** structure for an effective Pilates **session**, to include:
- tempo
 - time management
 - momentum
 - dynamic movement
 - whole body integration
 - warm-up and closure
- K15. The importance and methods of voice projection and the effective use of volume and pitch of voice
- K16. Methods of evaluating a mat Pilates **session** at regular intervals to maintain **participants'** motivation
- K17. Addressing individual and group needs within a group class without losing primary **goal** of the **session**

- K18. Integrating Mat and appropriate Pilates apparatus into the **session**

ADAPTING, MODIFYING AND PROGRESSING

- K19. How to identify the movements that need to be adapted
- K20. How to make use of existing progression and regression plans
- K21. How to use modifications, adaptations or regressions to meet **participants'** needs
- K22. How to communicate modifications, progressions and adaptations to your **participants**
- K23. How to monitor the effectiveness of the adaptations
- K24. When and how to progress **client** to a more challenging level
- K25. Methods of recording changes and the reasons for the change

SUPPORTING THE PARTICIPANTS/CLIENT

- K26. The reasons **participants** need to be able to carry out the exercises on their own
- K27. Educating the **client** to integrate and adapt the goals and benefits of the Pilates method into activities of daily living
- K28. The ability to recognize changes in **participants'** current physical or psychological state
- K29. How to assess **participants** readiness to progress during a current session
- K30. Methods to motivate and develop participants independence, confidence, and awareness
- K31. Recognising any warning signs and symptoms that may occur during a Pilates **session** and reacting safely and effectively

BRING PILATES SESSION TO AN END

- K32. Why it is important to allow sufficient time to end the session and how to adapt this to different levels of **client** needs and experience
- K33. Ways of bringing a mat Pilates session

safely to an end

- K34. Why **participants** should be given the opportunity to ask questions, provide feedback and discuss their performance
- K35. Why feedback should be given to **clients** on their performance and how to do this in a way that is accurate but maintains client motivation and commitment
- K36. Methods of providing **participants** with feedback on their performance
- K37. Why **participants** need to see how their progress links to their **goals**
- K38. Why **clients** need information about future **sessions**, private group, home programmes and 121 sessions
- K39. The correct procedures for dealing with the **environment** once the **session** is over
The importance of evaluating mat Pilates **session**

ONE TO ONE RE-ASSESSMENT

PERFORMANCE CRITERIA

METHODS OF MONITORING PROGRESS

- P1. Select the correct method to monitor **client's** progress
- P2. Review **client's** progress at agreed points in the programme

REASSESSMENT OF POSTURE AND MOVEMENT

- P3. Collect, analyse and record information that enable progress to be reviewed against goals and initial baseline data
- P4. Synthesise information gathered, resetting, and prioritising goals
- P5. Observing significant change in function (e.g., sitting, walking, standing)
- P6. Analyse quality of movement utilising Pilates movement principles
- P7. Analyse technique in Pilates exercise execution
- P8. Review previous records and recording reassessment findings
- P9. Empowering **clients** to take ownership of their own health and well being

ADAPTING PROGRAMMES

- P10. Communicate ongoing progress with the **client**
- P11. Identify and agree any changes to the programme as a result of the review
- P12. Agree review outcomes with the **client** and keep an accurate record, as appropriate

KNOWLEDGE AND UNDERSTANDING

METHODS OF MONITORING PROGRESS

- K1. Methods of monitoring **client's** progress
- K2. The importance of monitoring and reviewing programmes at regular intervals
- K3. Methods of collecting, analysing and recording information that enable progress to be reviewed against goals and initial baseline data

REASSESSMENT OF POSTURE AND MOVEMENT

- K4. The importance of observing significant change in function, quality of movement and Pilates exercise execution
- K5. Assessing imbalances and asymmetries in static and dynamic posture
- K6. Reviewing previous records and recording reassessment findings
- K7. The importance of empowering **clients** to take ownership of their own health and well being

ADAPTING PROGRAMMES

- K8. Why it is important to communicate progress and changes to all those involved in the programme
- K9. How to review goals with the **client** taking into account any changes in circumstances
- K10. Adjusting the **client's** Pilates programme based upon current findings

SCOPE AND RANGE

Programme(s)

This refers to a group of sessions over a period of weeks or months.

Session(s)

Single classes or one to one session (normally 60 minutes in duration).

Information

- personal goal
- lifestyle including diet, smoking, drinking, alcohol consumption
- medical history
- medications
- physical activity history
- physical activity preferences
- likes and dislikes
- time availability
- attitude and motivation to participate
- current fitness level
- stage of readiness
- psychological

Group session

- a plan created for a group of clients to exercise together (5 or more)

Small client groups

- a small group of clients (1-3 maximum)

Participants

- more than one client
- clients with specific fitness needs
- clients with general health needs
- beginners
- experienced

Client

- individual clients
- clients with specific fitness needs

- clients with general health needs
- beginners
- experienced

Special populations

- ante and Post Natal
- Young People (age 14-17)
- Older adult (50 plus)

Methods

- interview
- questionnaire
- verbal screening
- observation

Other professionals (could include)

- physiotherapists and medics
- psychologists
- physiologists
- biomechanists
- nutritionists/dietician
- lifestyle support specialists
- participants' social support network
- senior instructors
- tutors and assessors

Legal and organisational procedures (could include)

- Health and Safety policies
- Control of Substances Hazardous to Health (chemical handling)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- Accident reporting procedures
- Electricity at Work regulations
- First Aid regulations
- Individual organisational policies and procedures
- Data Protection laws
- Equality and diversity
- Emergency Action Plan (EAP)

- Normal operating procedures (NOP)
- Duty of Care
- Safeguarding
- manual handling
- code of conduct
- code of ethical practice
- equipment storage
- general maintenance
- hazard identification
- health, hygiene and cleaning
- issue/complaint resolution
- occupational health and safety
- personal safety
- reporting procedures
- security procedures
- stress management
- use of personal protective equipment
- waste disposal

Goals (could include)

- short
- medium
- long
- general health and fitness
- physiological
- psychological
- lifestyle
- social
- functional ability

SMART

- specific
- measurable
- achievable
- result focused
- time bound

Environment

- space
 - studio
 - sports hall
 - community centre
 - Pilates studio
 - Client's home
 - Client's workplace

- layout
- temperature
- flooring
- lighting
- ventilation
- noise level
- use of music
- equipment for the session
- personal clothing and equipment
- atmosphere and ambience

Safe

- contraindications
- key safety guidelines
- guidance for special population clients
- safe environment
- suitable intensity and equipment for client

Learning styles

- visual
- kinaesthetic
- auditory
- tactile

Communication techniques (could include)

- interaction
 - question and answer
 - open-ended question
 - reflecting answering
 - simple explanations
 - offering feedback
 - active listening
 - empathetic listening
 - using understandable terminology
 - hands on correction and guidance
- observation
- practical demonstration
- verbal - clear concise specific audible
- body language
- face-to-face
- telephone
- written (letters, email, posters)
- social media
- digital technology

Motivational methods

- positive feedback
- creating safe environment
- effective communication techniques
- behavioural modification techniques and strategies
- use of intrinsic and extrinsic motivation

Behaviour change strategies

- stages of change/trans-theoretical model of behaviour change Prochaska and Di Clemente
- goal setting
- social support
- problem-solving
- reinforcement strategies
- self-monitoring
- motivational methods

Teaching methods (could include)

- changing teaching positions
- questioning to check understanding
- allowing client to ask questions
- making adaptations and progressions
- mirroring
- teaching points
- visualisations
- imagery
- tactile cues
- correction/adjustment (hands-on correction/guidance)
- demonstration
- moving around the room
- where to position yourself
- linking moves
- why it is important to explain the principles as you teach
- voice and pitch
- how to try and achieve good posture and precision in the moves

Postural types

- kyphotic
- lordotic
- swayback

- flatback
- neutral/ideal

Full range of movement (ROM)

- flexion
- extension
- rotation
- circumduction
- lateral flexion

Adaptations and modifications

Adapting or modifying an exercise to support the client in performing the exercises safely and effectively. For safety you may need to adapt the exercise by adding equipment or other support methods, or you may need to modify, for example change to a different exercise, reduce the lever length. You can also modify the exercise to increase or decrease the work or intensity.

Balanced programme

- flexion and extension
- lateral flexion and rotation
- orientations to gravity
- mobility and stability
- strength and flexibility

PILATES SPECIFIC

Origins of Pilates

- The history of Joseph Pilates
- The Elders
- The development and changes of Pilates
- Legalities of the use of the name Pilates

Pilates Studio Equipment/ Comprehensive Pilates Equipment

The full syllabus and philosophy of Pilates

- Reformer,
- Cadillac /Trapeze Table
- Chairs – Wunda, electric, baby
- Barrels – ladder barrel, baby arc, spine corrector

- Mat
- Magic Circle,

Additional Pilates equipment

- Ped-O-Pull
- Foot Corrector
- Toe Corrector
- Finger Corrector
- Pin Wheel
- Head Harness
- Weighted Shoe
- Bean Bag
- Guillotine

Pilates philosophy

The Pilates Method of body conditioning develops the body uniformly, corrects posture, restores vitality, invigorates the mind and elevates the spirit.

The acquirement and enjoyment of physical well-being, mental calm and spiritual peace are priceless to their possessors...., and it is only through Contrology that this unique trinity of a balanced body, mind and spirit can ever be attained.

(Taken from *Return to Life through Contrology*)

Pilates principles

- the history of Joseph Pilates
- the repertoire of the original Pilates exercises
- the life-course of the musculoskeletal system (including cartilage/disc)

Pilates movement principles

- whole body movement
- breathing
- balanced muscle development
- concentration
- control
- centring
- precision
- flow and rhythm
- joint mobility and mobilisation

- posture
- balance
- postural alignment
- activation of the powerhouse

Fundamentals

1. stabilisation, with particular emphasis on:
 - a. shoulder girdle,
 - b. lumbar spine and pelvic girdle,
 - c. breathing,
 - d. mobilisation, and articulation of the spine
2. postural and structural alignment
3. postural types

Session structure

- tempo
- time management
- momentum
- dynamic movement
- whole body integration

Objectives of a class

- scapular stability
- pelvic stability
- trunk stability
- spine mobility
- shoulder and hip mobility
- strength
- Challenging balance
- Flow - transitions and link exercises
- flexibility – stretching
- relaxation (active and passive)

34 ORIGINAL EXERCISES

(IN ORDER)

- 1 THE HUNDRED
- 2 THE ROLL UP
- 3 THE ROLL OVER WITH LEGS SPREAD (BOTH WAYS)
- 4 ONE LEG CIRCLE
- 5 ROLLING BACK
- 6 ONE LEG STRETCH
- 7 DOUBLE LEG STRETCH
- 8 SPINE STRETCH
- 9 ROCKER WITH OPEN LEGS
- 10 CORKSCREW
- 11 THE SAW
- 12 SWAN DIVE
- 13 ONE LEG KICK
- 14 DOUBLE LEG KICK
- 15 NECK PULL
- 16 SCISSORS
- 17 BICYCLE
- 18 SHOULDER BRIDGE
- 19 SPINE TWIST
- 20 JACK KNIFE
- 21 SIDE KICK
- 22 THE TEASER
- 23 HIP TWIST
- 24 SWIMMING
- 25 LEG PULL PRONE
- 26 LEG PULL SUPINE
- 27 SIDE KICK KNEELING
- 28 SIDE BEND
- 29 BOOMERANG
- 30 SEAL
- 31 CRAB
- 32 ROCKING
- 33 CONTROL BALANCE
- 34 THE PUSH UP