

Pilates in Practice With Karen Grinter

Cast List

Steven Bruce

SB

Karen Grinter

KG

Katie Walton

KW

SB: Now, Karen is a very, very experienced Pilates instructor. I met her as part of a CPD group with Nick Birch who you may have seen on previous discussions. She's taken part in a number of those orthopedic CPD sessions, case-based discussions and so on. Nick, a spinal consultant here in the Midlands, regularly refers his patients to her because she is so good at what she does. Karen, great to have you with us on the set this evening.

KG: Pleasure.

SB: 21 years, I think, as a person teaching Pilates not just to students but also teaching instructors, so ...

KG: Yes.

SB: Well, it's very kind of you to come in at such short notice.

KG: A pleasure.

SB: Good.

KG: Can I just ask what have you done to your head?

SB: Well, thank you.

KG: It wasn't me.

SB: Thank you for pointing that out. Actually, I was playing in a tractor at the weekend, as boys do, and I leapt into it a bit too hard. I hit my head on the cab of the tractor, so yeah, I've got a few little damaged spots at the moment, nothing that Pilates won't fix, I'm sure.

KG: Or makeup.

SB: Or makeup, yeah. Well, I told you before we do sometimes use makeup, but I just haven't got any makeup with me today.

KG: That's fine.

SB: I'm going to get heck for that from my wife when she sees this, but-

KG: Nevermind.

SB: Anyway, let's get back to you and Pilates. Tell us a bit about the background because, in your online bio, it says you are Stott Pilates qualified and Body Control Pilates and so on and so on. What's the difference in all those things? What ...

KG: There's different training bodies essentially. I started in 1996 training with Body Control Pilates. Quite by chance, I ended up on their first-ever course. Prior to that, if you wanted to be a Pilates teacher, and nobody really knew what Pilates was prior to that anyway, you kind of found a studio and you did a sort of almost like an old-fashioned apprenticeship. You did everything. You did all the equipment, the sort of the mat work stuff, the Caddy, the reformer, blah, blah, blah.

Then Lynne Robinson came along and, having sort of done Pilates in Australia, and it made her back a whole lot better, so she came back to the UK, trained with Gordon Thomson who owned the Body Control studios in South Kensington. She trained with him, went off, started teaching mat work classes in Seven Oaks and thought, "Ooh, this is really good," got swamped with people and quite ... Also, an osteopath that was local to her was sending people thinking, "This is great. We need more teachers. What should we do?" They started the sort of first-ever mat-based training school, if you like. I ended up on their first-ever course in 1996, so quite by chance.

SB: Stott Pilates brand themselves as something-

KG: Stott.

SB: ... slightly different from conventional Pilates, doesn't it?

KG: Not really, but Stott are based in Canada, so I trained with Body Control in 1996, qualified in '97 but, at that time, they were busy kind of putting more teachers through because Lynne ended up on GMTV that Christmas. Do you remember when they used to have the fitness slot?

SB: Right, yes. Yeah.

KG: Yes, in the days when we only had four channels or something.

SB: Is that in the days when they had The Motivator or somebody-

KG: Yeah. Yeah, probably Lucy or something. Anyway, whoever it was was ill, and Lynne went on and covered it for a week just before Christmas, and the world went sort of Pilates mad. I needed to do more training, but there wasn't any kind of further education like this is, in a sense, so I went over to Canada. Moira Stott is actually English. She was a dancer. I think she trained with Ballet Rambert, went to Canada, no, went to New York and, working as a dancer, got injured, started Pilates. She met and married her husband Lindsay. He's Canadian, and they set up Stott Pilates in Toronto so-

SB: Okay, so-

KG: They were another training school. That's all.

SB: Yeah. What we want to get out of this is, obviously, you've got an audience here this evening, and not just me but quite a few hundred chiropractors and osteopaths watching this. I imagine, speaking on their behalf, dangerous thing, that what they're going to want to do is they want to know, well, first of all, is it good to refer to Pilates? What's the evidence behind Pilates? What could they teach? What could they demonstrate in their own clinic to help resolve various problems? I know you specifically mention on your website, you talk about ankylosing spondylitis, hip problems, shoulder rehabilitation and, of course, the good old, merry old low back pain as always.

KG: Low back pain.

SB: Which, I imagine, is the bulk of your business-

KG: Yeah.

SB: ... as it is for us.

KG: For most of us.

SB: We need to talk a little bit about the philosophy behind it, what it actually is, what we believe Pilates is doing. I think you said earlier on and, in my own

research, I only found one research paper in Pilates that says it's good for low back pain. There is not a lot of research behind it, is there?

KG: No, no.

SB: What we do have is over 20 years of people showing the benefits in clinic.

KG: From my point of view, yes, I mean having taught for 21 years. When I started 21 years ago, nobody really knew much about Pilates, and it was all a bit sort of new and different. Then it became the big buzz word, sort of core stability and all of that. It sort of grew from there. Then the courses and the training has obviously then added on to that. I've got a Level 4 Low Back Pain qualification. REPS, who sort of regulate everything, is the Register of Exercise Professionals. They're the sort of regulation body, if you like, for want of a better word. They sort of draw a line in the sand and they say, "This is what you need to know to be a Level 3 Pilates Instructor or Level 4 Exercise Specialist," if you like. Then with-

SB: Who else do they regulate, or who else do they-

KG: I think all exercise professionals, in a sense, so not just Pilates. When I first started in 1997, anybody could literally set themselves up as a trainer of Pilates teachers. You didn't have to do anything at all. You could just set your stall out, stick something out there, and people would pay, and off you go, and you're trained to be a Pilates teacher.

I mean the course that I did with Body Control was six ... I'm trying to remember now. It's such long time ago, but it's my age. We did a weekend a month for six months. Then I had an anatomy exam, and then I had to embark on a supervised teaching period of however many hours, and you had to sort of hit that criteria. At the same time, there was another company set up because, suddenly, it got very popular, and everybody wanted to be able to do it. They were doing it in a weekend, so it's how do you trust the qualification? You couldn't.

SB: Well, that's important, isn't it?

KG: Yeah, yeah.

SB: Because there are lots and lots of Pilates instructors around still today who are not probably registered with REPS, because we ought point out, in case it isn't clear, they're not a statutory body. They're a voluntary body.

KG: Yes.

SB: There is no mandatory requirement for a Pilates instructor to be registered.

KG: No, not really, in a sense.

SB: There's not set syllabus for it either.

KG: No. I think that's the problem because I ... Another thing I get quite often is, "I've got private health insurance. Can I claim for you on my private health insurance?" The answer is no because osteopaths are very well regulated. Like lots of other medical professions, they're very well regulated, so that's really easy.

SB: You might get some arguments from the members who are watching this.

KG: Okay, maybe, yeah, but you're-

SB: We're regulated. Let's leave it at that.

KG: Yeah, you are supposed to be very well regulated. With Pilates, and as with any PT instructor or gym training, you can spend 300 quid and get a PT qualification. The same goes, I'm afraid, with Pilates. It's, "There is a line in the sand and this is what you know," says REPS, but one course will have you jumping, going up, up through the pole vault, and another course may just have you hopping over a stick. I'm not being madly helpful, I'm sorry, but that's the truth of it.

If you're going to send your patients to somebody, research them. Go and have a look on their website because, hopefully, they've got one. Have a look at what courses they've done. Do they have a basic Level 3 qualification, and is there anything tagged on to that? Have they done-

SB: Level 3 being what you would say is the basic, is it?

KG: Level 3 is the basic qualification, yes, but is it-

SB: Okay. Is there a Level 2 and a Level 1 as well?

KG: There possibly is, but I'm honestly not sure. I know I'm a Level 3 for Pilates, and then I've got Level 4 for low back pain and bone health, so I'm now qualified for bone health, osteoporosis, that kind of stuff as well.

SB: I know, before we started, long before we started, I had a question come in from Carolyn. I think it relates to what we've just said here, so let me just read that one if I may.

KG: Okay.

SB: She says, "Judging my patients' reports, there seems to be a wide variance in approach and level of difficulty between Pilates classes, some quite strenuous and demanding while others are much slower, more precise and subtle. This isn't necessarily a criticism," she says. "After all, no osteopath works exactly like any other." Carolyn is an osteopath. "However, given these

differences, are there certain basic criteria or principles that we should look out for which mark out more authentic and reliable classes, especially for beginners, patients who have not done Pilates before?" Some of that you've answered already, but ...

KG: Yes. There's this big thing about the classical method. The classical method is sort of Joe's original exercises, which are great if maybe you're Darcey Bussell or you've just come out the womb because your spine will move and bend in all those directions, but for the majority of the general public, doing the classical exercises are completely impossible. There's just no way. If you look at some of the things that he does, they're unbelievably difficult and challenging to do.

SB: This is Joseph, Joseph Pilates-

KG: Joseph Pilates, yes.

SB: ... who started this all back in the 1940s or something.

KG: 1920s.

SB: '20s.

KG: I know, actually, in a prisoner of war camp in Lancashire during the First World War.

SB: Okay, so yeah, '20s.

KG: That's when he started it. Yeah, he was a German national over here during the First World War. He was doing something like training English detectives in self-defense techniques bizarrely. I don't know why. Because he was a German national when the war broke out, he was interned into a prisoner of war camp in Lancashire, so captive audience his fellow internees. Nothing, no equipment, so everything was just using your own body weight to work your body, so he devised his original set of exercises there. They are quite challenging, so-

SB: I've done Pilates. I've got my yellow belt in Pilates because I've done a small amount of it. Nothing in that course resembled anything like the pictures I've seen of Joseph Pilates doing his stuff when he was, presumably, just showing off.

KG: Well, I've got some archive footage of him teaching somebody. Honestly, if I did that with any of my clients, I think I'd be arrested.

SB: Yeah, yeah.

KG: Arrested, so yeah.

SB: Getting back to Carolyn's question, how do we find the right level for the right person?

KG: Again, I think they need to research the person that is close to them, so what's going on around you? My view is maybe I don't teach Pilates in that sense, but my job, I think, is to teach people how to work out effectively, to explain to them what's good alignment and how they can try and sort of attempt to change their body gently so that they try and achieve something nearer the optimum than sort of where life's put them, which is most of my clients.

If you've got someone that says they only teach the classical method, I would possibly run a mile because if you're talking about the walking wounded or normal people, then the classical method is not ... If you've got a teacher that says, "This is what I do," then that's not going to be madly helpful for most of the people that you're seeing.

SB: Okay. What I'm reading, what I'm hearing from this is that it's a really good idea to get to know a few Pilates instructors and find out the way they teach and get some feedback from-

KG: Yeah. Go to their classes.

SB: Yeah, go to their classes? Why not? Yeah.

KG: Most of them, I think, really would be stupid if they turned you down. I mean, from the moment I started, I had lots of local health professionals that got in touch with me, including Jo Clarkson over in Kettering whose been teaching over in Kettering for years. Joe came to my house not long after I'd qualified, and I taught her and a couple of other people. I would happily sort of go anywhere and talk to any group of health professionals and say, "This is what I do," just so that they could see what I did. In terms of working with other students, I've always said to them, "Get in touch with local health professionals because they will be your savior in terms of getting your word out there, so work with them."

SB: It works both ways, doesn't it?

KG: Yeah, completely. Yeah.

SB: We've got to know you quite well over the last few years. The trouble is we can't send you any bloody patients because you've never got any space in your classes because you're so busy but likewise-

KG: There's people there, yeah.

SB: ... you would be a good source of sending people back to us and so on, but so ...

KG: Yeah. It absolutely works both ways. That's something else is 21 years of seeing people coming into class. I mean I have 400 people in class every week in three venues. You have 21 years of listening to people talking about who they've seen. You soon get to realize who gets results and who is there to sort of use it as a business opportunity. Sadly, there are those people around there. You build up a really nice picture locally of where you can send people. It's helpful for everybody.

SB: Okay. Now, I've got a question from Matthew Davis who's probably quite grumpy this evening because he didn't manage to get the first question in, which he quite often does.

KG: Oh, okay, yeah.

SB: It leads us into something that I wanted to talk about anyway because he says, "Why is this piece of equipment called what it is?" We've got these-

KG: He's not going to ask me about the Cadillac because I don't know!

SB: He is. He is.

KG: I don't know.

SB: He is. Well, the first thing is I mean what-

KG: Trapeze table.

SB: First of all, if somebody uses this machinery, and we'll come on to the pictures of the machinery in a minute, is that better than someone who just teaches off a mat?

KG: No, not really. I guess it's down to somebody's pocket. As I told you earlier, I ended up with three pieces of equipment due to clients who insisted that, if they bought this very expensive piece of equipment, they would be on it every day. I said, "No, you won't because you're not doing it now, so create the habit, and you don't need a piece of equipment to create the habit of actually exercising."

SB: I imagine that we find these pieces of equipment in the instructor's studio, not in my home, so when it comes to-

KG: Yes. Oh, no. Some people do buy them for their homes, yeah.

SB: Right. Is it better for me to find an instructor who's got all these bits of kit, or should we rely on somebody just using mats?

KG: No, not really. At the end of the day, you need an instructor that's tuned in to you. My job, to a certain extent, is psychology, so ...

SB: As it is with all of us, yeah.

KG: Yeah, as it is with all of us. I'm going to get better results if I kind of suss you out and work out what's going to motivate you. Whether it's being able to go back to work, whether it's going to be able to sort of kick a ball with kids, go and play tennis again or, I don't know, run a marathon, whatever it may be, whatever it ... play golf without pain, so whatever that motivation is, the most important thing is that your teacher tunes in to that and uses whatever is necessary. You can go and play on those very expensive pieces of equipment but, once a week, going for an hour and throwing yourself around the Caddy or a reformer isn't going to make your life any better. It's that whole combination of stuff.

SB: Let's let people see what we're talking ... Let's get a picture of the reformer up, and you can talk us through what the reformer actually is. It looks to me like a wooden bed with straps attached. Pretty soon we'll get a picture up for the audience to see, but I mean what are we supposed ... Here we go. It's on the screen now. What are we supposed to do with that? What ...

KG: You've got the reformer with a jump board on the end of it.

SB: A jump-

KG: Jump board, I know. Lying down jumping, that is as easy as it gets. It's also got a foot bar, which you can't see on that. It's basically a moving carriage. The bits you can see sticking up are the shoulder rests.

SB: Let's bring that picture up again so-

KG: We've moved on to another one.

SB: No. He just killed the picture-

KG: Oh, okay-

SB: The sticking up bits of wood at the end, that's just for bungees, is it?

KG: Yeah. They're just holding the sort of straps in place. You've got a flat carriage that you can't see terribly well from there. Those two sticking-up bits in the middle are shoulder rests. Basically, you can put your head on the gap in between, and the shoulder rests come up, so you're lying down. Then you've got your feet up on a foot bar, so with springs on it. Underneath there, there's different levels of springs.

SB: This is like a leg press machine in a gym but just horizontal.

KG: Kind of like a leg press machine in a gym. You can lie down on it and press away. You can put your feet in those straps so you've got your legs up in

straps, and so you can move your legs around in circles and bend and stretch and duh, duh, duh... You can hold your arm in the straps and you can pull down, go out to the side. You can do arm circles, so you could sort of work mid-back and shoulders. You can kneel on the carriage and do stuff with both arms, one arm, pulling back, pulling forward.

You can stand on the carriage. You can have one foot at the end and one foot on the carriage and do side splits. There's a box, which you can't see, which you can stick on it so you can sit on the box and you can do, whoops, seated arm work. If you've got somebody completely new, they would be sitting on the box, and they'd be holding the straps in their arms. They were pulling their arms back. You can kind of go through there. You can go in that direction. You can pull up there.

SB: All right, so-

KG: You can make it more difficult by kneeling on it, so-

SB: Is there any of this stuff that you've can't do if you haven't got a reformer? Let me phrase that a different way. Can you achieve the same rehab benefit without a reformer?

KG: Yes.

SB: You wouldn't do the same exercise exactly.

KG: You wouldn't do exactly the same exercises, no, but there's tons of stuff you can do. You can mimic some of the stuff that you do on the reformer with, say, the resistance bands or loops and bits and pieces like that, so yeah.

SB: Okay. We'll look at that in a little while, when we do some practical.

KG: Yeah, there's different things you can do.

SB: All right, so let's move on to the thing that Matthew was asking about, the Cadillac.

KG: The Cadillac, yes.

SB: Now, my guess, when I saw this, was that it's called the Cadillac simply because it looks like it's got all the bells and whistles and everything else and therefore-

KG: I don't know. Yeah, I wish I knew what the answer to that was, and I don't. It's also called the trapeze table for obvious reasons.

SB: Yes.

KG: Yeah. It's just another piece of equipment. What I have now is a combination of those two. At home, I've got a reformer with what they call a tower on the end. Where these wooden risers are, I've got sort of an upright, and then I've got the push-through bar which you can see at one end, and then there's a roll-down bar at the other.

SB: I'm sorry. Let's bring that picture back up again. We've got it up again. Yeah, good.

KG: Oh, of the Caddy.

SB: Right, of the Caddy, yeah.

KG: Yeah.

SB: To be honest, I mean I won't tell you what I thought it looked like when I saw this picture, but there-

KG: Believe me, Nick sent me a client, and he walked into my studio and he saw that with these little fuzzy foot loops. There's these little kind of fuzzy kind of sheepskin ankle strap things. The guy stood there and looked at it and kind of looked at me and looked at ... You could see going through his head is, "What the flipping heck has he sent me to?" Yeah.

SB: As far as Matthew asked about that one, Matthew-

KG: Sorry, no idea.

SB: I've got no idea why it's called the Cadillac, neither has Karen.

KG: No, can't help.

SB: Okay. Actually, you talked about them being expensive. These things cost about 3,000 quid, don't they?

KG: And some.

SB: And some? Right.

KG: A Caddy's about five, five and half.

SB: Yeah. The reformer I think I saw at three.

KG: About three for a reformed.

SB: We're talking a sock load of money just to buy these bits of kit.

KG: Yeah, yeah.

SB: Then we've got some simple stuff, this thing called the Wunda Chair, which I-

KG: The Wunda Chair.

SB: As I've said to you, I would not want this on principle because they spell Wunda W-U-N-D-A, which is just-

KG: Yeah, but he was German.

SB: Oh, it's a vunda Chair.

KG: Look at that, a vunda Chair.

SB: Now that's... There should still be E-R at the end.

KG: Yes, true. I don't know why it's called the Wunda Chair.

SB: Okay, so the Wunda Chair, which we've got a blank screen at the moment. Yeah, that's better.

KG: Yeah.

SB: Okay, yeah. What is it?

KG: Yeah. Joe had this kind of weird thing about sort of designing things that could also be in your home. He actually did this as an ordinary arm chair, and then you kind of flipped it around, and then it became this kind of bit of workout equipment. It's got springs.

SB: It looks like a commode for people with movement disabilities to me.

KG: No. Underneath the seat, there's four sets of springs, so you can make them more difficult or not. You could sit on it. Some of the things that you do on the reformer ... The reformer is great for sort of sorting out somebody with hip and knee issues, particularly alignment, because you can literally have them bending and stretching in front of you, and you can hold the alignment in where you want it to be to try and encourage that into the right place. The Wunda Chair is a way of doing it but sitting up. You would be sitting on the edge, and then you'd have your feet on that top bit, and then you could press it down and lift it up. You could be sitting there and working whilst keeping really good posture all at the same time.

Then you can do crazy things like have one foot on it and then one foot on the top of the thing, and you could do a step up, but you've got the springs underneath you to give you some help, so it's kind of really strengthening hip and knee and ankle in really nice alignment so you can control it completely. You've got the handles there to sort of help you so you're not kind of ... it's

not all going hairing off in various directions as people's needs tend to do when things don't work, particularly the glute med.

SB: Right. The next thing on my little list-

KG: The-

SB: ... is a thing called the spine corrector which, all right, doesn't look quite as absurd as the other devices but it's-

KG: No, it's-

SB: Do you use one of these?

KG: Yeah, I have got one, yeah.

SB: Right. I didn't ask you if you had one. I asked you if you used it.

KG: If I use it. I don't use it as much as I use my Wunda Chair. Yeah, it's a little bit extreme, shall we say, for most. If I was teaching somebody from the Royal Ballet or Cirque du Soleil, it would be perfect.

SB: Okay, so if we could just bring that picture up again because I'm making an assumption here that you are sitting in the groove, into the V shape-

KG: You can do-

SB: ... into that with your spine over the curve.

KG: You could do-

SB: Is that right?

KG: Yeah. That is a little bit extreme.

SB: All right, so what would you do with it then?

KG: Yeah, but you can sit sideways in it. If I sat sideways with my bum one cheek in the div-

SB: In the groove, yeah.

KG: ... then you can do a kind of side stretch over it and rotate. You can also sit back into it and have legs up in the air and sort of do a lot of really evil kind of abdominal work lifting and lowering, but again, not for most of the people that we see.

SB: No, okay. Then the final piece of kit that we've got on this list is a thing called a ladder barrel, which I think is ... It's self-evident why it's called the ladder barrel, but I don't think this picture does it credit because, actually, when you see it put to scale with somebody on it, it's actually quite a huge piece of kit, isn't it?

KG: It is pretty big, yeah, absolutely.

SB: That curved bit is actually about the size of a half a barrel.

KG: Absolutely, yeah, it is. In fact, my son was moaning because he absolutely loved our ladder barrel, and then I sold it so-

SB: Okay, so what do you do with it?

KG: Because he used to hang over it. He would literally hang over it and stretch his back out, which is what he did with it, but again, you can do sideways over it, so it's quite extreme, but you can sort of wedge your feet into the side sort of to one of the rungs, and you could drop over the side and sort of do obliques, and you could drop over and twist and come back up again. Then you could lie over the front of it with your feet hooked in the back, and you could kind of lift up, add rotation so you can work back extensors and things like that.

SB: Again, it's a domestic piece of kit which replicates quite a few of the things which you would see in a normal gym really.

KG: Yes. If you think of ... is it Roman chair?

SB: Yeah.

KG: Yeah. They're similar, but there's much more variety on that than the other.

SB: Good, so now everybody knows what all the equipment-

KG: They-

SB: Are there other bits of kit that I haven't mentioned? Those are the only ones I could find beforehand.

KG: There's sort of rotator disks that attach to some of those bits and pieces. I mean Joe had some weird things. There was a Ped-o-Pull that-

SB: When you say Joe, you are talking about-

KG: Joseph ... Yes.

SB: ... the originator of Pilates.

KG: Yes, yes. Yeah. There was a Ped-o-Pull, which was some kind of weird contraption that went up there with sort of springs on it, and then you could sort of do arm stuff and shoulder work and things. There's a foot corrector. There was a funny little thing with a ... He did bits and pieces. If you want to look at all of those, the site to look at is Balanced Body, pilates.com. They've got quite a few of those bits and pieces and quite a bit of history on there as well.

SB: We've answered one of these questions-

KG: Excellent.

SB: ... because somebody said, "How much is the 50 Shades machine?" which is ... Yeah, I can-

KG: Which is that one?

SB: That's going to be the 6,000-pound job, isn't it? That's the-

KG: Is that the trapeze ... yeah, probably the trapeze table isn't it?

SB: Yeah, the Cadillac.

KG: The Caddy, yeah.

SB: Someone else has pointed out that a video of how these things are used might be useful. I mean they're available online, aren't they?

KG: Oh, there's loads, yeah. There's tons.

SB: We'll put some up with the recording once this goes up as well because again it might be-

KG: Yeah. I mean if they go on YouTube, google Pilates reformer or Pilates Cadillac or trapeze table, there will be loads of Pilates teachers out there all happy kind of throwing themselves around all these bits of equipment.

SB: I imagine, really, for most of the people watching this, that's purely going to be an interest thing, isn't it, because it's not something you can send people away to do in their own homes unless they've got this kit, which is unlikely.

KG: Yeah, that's-

SB: If you were going to send people to a Pilates instructor, actually, it's probably the quality of the instructor that matters more than the amount of kit they've got in their studio.

KG: Much, much more, yeah, as with everything. The person has got to connect with the person that's teaching them. I have seven teachers that work with me. Oh, yeah, I've been teaching for 21 years, but people are people. Not everyone gels with everybody but, hopefully, they find somebody that they really like and that clicks with them and resonates with them. By the same token, I can be teaching somebody, and they'll go and do a class what with somebody else, and they'll say, "Oh, she said this to me, and you've not said that to me before." I'll be seething thinking, "I've been telling you that for two years," but they've heard it differently.

SB: With an observation here, somebody says that they've looked this up on the internet, and it says that Joe's Cadillac apparatus received its name from a mid-century General Motors Cadillac advertisement which declared the car to be the best of its kind.

KG: Oh, well, okay. Thank you.

SB: Now that's quite ... Maybe that's possible. I'd be surprised if Cadillac actually endorsed him calling his equipment after their car, but there we go.

KG: Probably never heard of him.

SB: Oh, you've got some people. It says here, "Would Karen do a short show demonstrating the S&M machine and how to use it so we understand what patients are doing at Pilates when they use it?" Well, we haven't got one of the S&M machines here, I'm afraid, so we can't do that.

KG: No, we won't be doing that.

SB: Someone else has said, "Will be covering exercises for low back pain that don't involve these crazy pieces?" Of course we will, yes.

KG: Absolutely we will, yes.

SB: We're getting on to that. We're going to devote as much of our time tonight as we can to actually getting some exercises demonstrated and all the finer points pointed out so that you can use those in clinic. That will be very shortly. "Did I just pass up the opportunity to do an extra short show with an expert? Go on, give us a reformer broadcast with Karen."

KG: We can... reformer.

SB: We'll think about that one, shall we? Anyway, here's something perhaps that's a little bit more up your street. I don't know who the questioner is, but they say, "I have done body control Pilates as a beginner years ago, and over the years have found body control instructors to be the most reliable in terms of small classes and attention to detail." Is that fair, in your opinion, or ...

KG: I would hope so, yes, as that's what we're trained with. But yes, I mean it's ... we have a code of practice which is, we don't teach more than 12 people in a class, which is a nice number to kind of work with, and be kind of fairly hands-on with. And we've got, their training is quite comprehensive, they've got quite a lot of hoops to jump through to get their qualification, included of which is at least 50 hours of supervised teaching.

So they're not just, you know, doing a course and off you go out there, and you start talking, so-

SB: How many hours did you say the actual course was? Just basic level instruction?

KG: Oh lord, it's 13 full days of instruction in London, so they do ... each day is a section, so there'll be foot and ankle, there'll be hip and knee, there'll be spine, shoulders, there's an anatomy day, usually with a physiotherapist I think. Then they've got an anatomy paper that they'll have to do, they have to do ... there's a directed learning book, 'cause that has to come in there somewhere. And then they have to do a practical assessment, and then once they've passed their practical assessment they start their supervised teaching period.

So it's roughly ... well, they say 50 hours but actually it's basically as long as it takes. So I've just had somebody come through that's taken 80 hours, because they were coming to it never having taught anything to anybody in their life. And although their knowledge was really good, their knowledge was excellent, they had to learn to teach.

SB: Right.

KG: And that's quite important, as with anything, so.

SB: Yeah, absolutely. The NHS says quite clearly that Pilates instructors are, they're not medical professionals, and therefore they can't rehabilitate without somebody telling them what to do. But what you've just said is that actually you've learnt about rehabbing those different elements of the body. So if I simply send you a patient who has a shoulder injury, rotator cuff injury or something like that, can I just send them to you and you'll say, "Well I know what to do for that."?

KG: Generally, I would, 'cause I've been doing it for 21 years. But somebody newly qualified, then probably not. So again, it depends on how long they've been teaching.

SB: So what level of precision would I have to go into? Do I have to tell them which specific muscles I need rehabbing, or do I tell them, "These are the movements I need to encourage."

KG: That would be ... both, probably.

SB: Yeah?

KG: Both would be helpful for a teacher. There's ... I guess if you look at someone newly qualified, they've basically been trained to teach a bunch of exercises to a relatively healthy person. But the problem is that most people often see Pilates as rehab, and good for low back pain, which of course it is, but that teacher may not have done any low back pain courses, or had much experience with it.

So I mean I was quite lucky, because I got to know Nick, Nick Birch, so you know, Nick and I knew of each other for years. He was seeing my patients ... not because I was breaking them, I hasten to add ... but there were sort of seeing him-

SB: And just for the benefit of people who are relatively new to the academy, Nick Birch was an orthopedic consultant surgeon.

KG: Yes.

SB: He stopped surgery some time ago, he's now an orthopedic spinal consultant-

KG: A spinal specialist, yeah.

SB: And he doesn't operate, which makes him in my opinion far more valuable than a surgeon, because he has no interest in recommending surgery for his own sake, which is why he recommends osteopathy, chiropractic, physiotherapy-

KG: Physio, Pilates-

SB: Pilates, and those sorts.

KG: I remember, the first time I sat down with him, because I, you know, one of my clients was his radiographer, and she kept saying, "You ought to speak to Nick, you ought to speak to Nick." So I finally rang him up one day, and he rang me back at the end of his clinic, and he said, "Well I'm not one for protocol, why don't you spend the day with me, and I'll spend the day with you." And it was like, "God wants to spend the day with me!"

SB: Watch your microphone.

KG: So ... Sorry. Is it disappearing?

SB: You were bashing your hands against it.

KG: Oh! Yes, sorry everybody. I'll pull it out. So, yeah, so that's what I did. I went and spent the day. So I sat in clinic with him, so I watched him taking case histories from people, so they're coming in with their tales of woe, and he's going through them, gives them a physical examination, sends them off for an MRI or an X-Ray, and then he's instantly dictating letters to here, there, and everywhere. Then in the afternoon, coming back in three weeks, sort of prior, they'd done that in the morning, they're coming back in with their MRIs, and he's looking at them and explaining it all to me as if I knew exactly what he was talking about.

SB: He does that with all of us, yeah.

KG: I know. So ... it's like, I teach exercise, so but it, you know, it was a great sort of introduction to the world of back pain, which was great.

SB: Sure. So your bog standard Pilates instructor, then, is all about-

KG: May not necessarily know that.

SB: But their purpose in life is encouraging movement, flexibility ...

KG: Good movement.

SB: Yeah.

KG: Yes.

SB: And then beyond that, they will start to do rehab courses in specific areas of the body.

KG: Yes, exactly.

SB: Right. Shall we go and do some?

KG: That would be a really good idea-

SB: What we'll try and do is we'll look at some different areas. You can demonstrate the sort of things that we might recommend in practice, and the finer points. So make it that little bit precise and special.

KG: And if anyone wants anything absolutely specific, stick a question in, and I will do my level best to show them an exercise that may help.

SB: Okay, let's go and meet our studio guest this evening then.

KG: Excellent.

SB: Right, Karen, you've met Katie already. Katie, how are you?

KW: Hi.

SB: You've got no injuries and no reason why we can't fiddle with you and thrust you around into different positions, I understand, so-

KW: Yep.

SB: I'll leave you in Karen's hands.

KG: Excellent.

SB: What are we gonna start with, Karen?

KG: Actually what we're gonna do is start standing up, so scoot over there, and I'm going to come 'round here, because I'll need my pole. Hopefully. So, what ... she's not too round shouldered, no, 'cause she's quite young.

So, most of the people I see, which is probably like the people you see, they're like that all day.

SB: Yeah.

KG: Then they're like that, and then they're like that.

SB: Yep.

KG: So, and then they'll go to the gym, and someone that looks 12 when you're my age, shows them what to do. And so they'll say, you know, "Get on that machine there, press that button there, love, 10 minutes at that level." And you know, "Oh, you're 60, how'd that work out?" And what they never do is show them how to use the piece of equipment, there's that body. And that's the bit in my mind that's really important, because if they've been like that all day, the last thing they then need is to go like that, and all of that.

And that's my comedy routine done. So she's got a nice ponytail, that's just quite handy. So-

SB: Important in a patient.

KG: It is when I'm correcting them. When I'm trying to get their head in the right position, I love a ponytail. Right. What I want you to do is put your hand behind your bum. So put the back of your hand against your bottom, so for those of you with good anatomy knowledge, that's sort of roughly against the sacrum. Then bring your other hand up above your head.

SB: Did you just say to an audience of osteopaths and-

KG: Yes.

SB: For those of you with good anatomy knowledge?

KG: Exactly. I did.

SB: I'll smack her later.

KG: 'Cause they'll know what it means.

SB: Where's the sacrum again?

KG: Yeah, we say that to the client, they go, "What?"

SB: Well it's a good point, isn't it?

KG: Yeah.

SB: 'Cause we need to think through how we explain this and community this-

KG: Absolutely, yeah.

SB: To a client.

KG: Completely. So I'm going to be unashamedly talking about the bits that the general public understand, because there's no point in sort of saying it any other way to my clients. Now, so what I want Katie to get head around is neutral pelvis, neutral spine. Because that's, as we know, that's the optimum position for a body. Now, relax your shoulders a little ... thank you. Okay. So what we're gonna do is the hip hinge, and this is ...

SB: Hang on, hang on, you can't get away with that.

KG: Oh, okay. We haven't quite got there yet.

SB: Because step this way a bit, because you're hiding behind Katie.

KG: Oh, can you not see me? I'm so sorry.

SB: I have this issue with Pilates instructors, they say a neutral spine. What the heck is a neutral spine?

KG: Exactly. That's what the pole is for, because that helps the Joe Public to kind of understand these little sort of bumps and curves that we have.

SB: So if you, the points it seems like are just an inch or so away from the skin.

KG: So, back of the bum, yeah, and then between her shoulder blades, and then the back the head. Now, because Katie is very, very young, she has a nice kind of alignment here. Whereas some of my clients will be really kyphotic, so

if I attempted to put them in that position, and then I said, "Put your head on that pole," the only way they're gonna get it there is to do that, which is desperately uncomfortable on my neck.

So I wouldn't even bother going there with them. But sort of taking this to osteoporosis, if Katie was severely osteoporotic, the one thing I've got to do is protect her back. So she needs to learn how to hip hinge. So basically, this is hip hinging. So what you're going to do is bend your knees a little bit for me Katie, lovely. Now, try and keep your shoulders relaxed, don't pull those back, that's lovely. Then, my cues for everybody, thanks to my pelvic floor physio, is, close your back passage, close your front passage, pull in your lower abdominal wall, and then pull in the upper abdominal wall a little.

So you're not sort of ... we're not trying to crack walnuts here, obviously. We're just trying to sort of start to connect and get a little bit of support for your back. So you're gonna be bending forward, so literally, keeping the knees bent, you're gonna hip hinge forward, so you're gonna tilt your pelvis and your spine forward and backwards. Just steady. That's it. So gently forwards, and gently back. That's lovely, and then back up again.

SB: Is that far enough? 45 degrees?

KG: Yeah, it doesn't need to go too far. So if you've got somebody with kind of, keep going, keep doing it, lovely. If you've got somebody with a pretty grotty back, if they bent through their spine, then the minute they got to the sort of dodgy area, suddenly all of that load is on their spine. So this is a great way for them to start to move, and build up their back a little bit, but getting them thinking about using that support from pelvic floors and abdominal walls, as Nick would say, constantly, if you can kind of get all of that toned up, what it does, it's creates intraabdominal pressure that lifts the spine off itself.

So if you've been like that all day, and you start to lift and lengthen up, and get a bit of tone from underneath, you're going to help support all of this. Does that, are you happy with that?

KW: Yeah.

KG: Yeah. It's harder than it looks when you've done a few, I know.

KW: It is, yeah. You feel ...

KG: Exactly. The other thing I do with everybody, and this is a really, sort of useful thing to do with patients, I have a five kilogram medicine ball. You can let that go for a minute, darling, thank you. And I give them that five kilogram medicine ball, and they go, "Oh, this is quite heavy." And you make them hold it out there, and they feel their tummy pulling in. But the average head weighs between four and a half and five and a half kilograms, so if you want

to give somebody a wake up call about their posture and alignment, let them hold five kilograms, 'cause they go, "Oh! That's really heavy." Yes, and you've been like that all day.

So, and they'll say, "Oh, my neck's really weak." Actually it isn't, it's working like mad. If ... can you do the awful sort of chin poke that ... yeah. See, how attractive is that? That won't get you a husband at the Jane Austen School of Pilates. So now hold that pole. Thank you. So, if you take this on to a squat now, because that is a movement we need every day, because you've got to sit down on the toilet, really. And I like how, if I see a client kind of, you know, hauling themselves up like this, it makes me so cross.

So if you think of taking that hip hinge that you've just done into a squat, no pressure Katie, so I'm gonna come 'round here a little bit there. So if I come to here, so I'm sorry everyone, you're not gonna see me. Stick your bum out, do that, come back up, okay? And I'll come to the side of you. So keep that hip hinge, so bend your knees, then ... right, your squat's gotta start from your hips, so you gotta stick your bum out behind you and then go and pretend you're about to sit on a chair. There you go. Yeah, there. And then come back up again. Lovely. Then do it again. Down you go.

SB: Are you doing this exercise with people who have lower back pain?

KG: Oh yeah, because they've got to stand and sit even with their back pain. Keep going. Very nice darling. Good, and back up. Then what I'm looking for as they're doing this, keep going, no pressure, is what their knees are doing. Quite often their knees come in, as if they're doing a Charleston, but it's because their bum doesn't work very well, so you think, oh, we're gonna be working there next. Keep going.

KW: I can't remember everything I'm supposed to be doing.

KG: Pelvic floors, abs, shoulders relaxed, look serene. It's really easy, Katie, honestly, absolutely fine, keep going.

KW: Squeeze, bend.

KG: Squeeze, yes. Pelvic floors. That'll be the one, and gently back.

KW: Bum out.

KG: Good, have a breather. The easiest, the way to do is in front of a mirror, so I teach them in the studio sort of the hip hinge, and I get them thinking about the sort of where their pelvis is. And so the pole is quite handy for that, so if they do a little hip hinge, and they get used to doing that little hip hinge, and then with the pole there ... can I borrow your pole a minute?

KW: Yeah. Am I in the way?

KG: No, no it's me. So if I do it, and I do it wrong, and I start to bend at my waist, then obviously my hand does come away. So if I had a really grotty back, that's gonna really start to load the bit that's grotty, or the other thing is the head goes. But if you take that on, and again, when you're explaining to people why the importance of doing this hip hinge, if they went to pick something up off the floor, if they went down and did their usual thing of rolling up, that's when they go. Or when they're twisting and lifting. Children in car seats is the worse, 'cause you know. Although, do they turn around these days?

KW: Yeah, you can get them ...

KG: You get them sort of turn around. 'Cause you can't knee them into a car seat like you could a buggy, into a push chair. But a proper lift should be, you know, down there, neutral spine, pick up your heavy object, and it's your legs, and your bum, and your back, and your abdominals, and your arms that all do the lift together. Not, the vulnerable bit of the back. So understanding that hip hinge is quite important.

And then as I said, taking that to osteoporosis, if you have somebody that's had a few fractures, compression fractures in the spine, and then they're coming to me for exercise, I don't get them, I don't bend them at all. They've got to kind of learn that kind of hip hinge. 'Cause you've seen, there's five kilograms, you don't want to be ...

SB: There's a couple of questions here, we can put Katie back in her position with her pole again behind her.

KG: With her pole. Here you go darling.

SB: Now, the two questions are, first of all, elevating that left arm, isn't that going to increase the lumbar lordosis? And also, at the same time, aren't we encouraging some rotation by doing that, and isn't that counterproductive if we're trying to rehabilitate a sore back?

KG: Hopefully, no, it shouldn't. But I'm going to be looking at that. I mean I've got to find a way to get them to understand the hip hinge, and because people struggle with it. It's like, "You want me to do what?" And they want to bend at the waist. So temporarily, I will live with a bit of ...

SB: You should ... we should perhaps introduce you to Matt Walden, who's an osteopath who's been on the show before to talk about poor stability, particularly, among other things, and he's coming back again. But he has a clever pole, which has a strap on it, and it has a screw that goes through here, which you can set to the correct depth of-

KG: Oh, lovely.

SB: So it stays in place. He said people can be on all fours, and the pole will stay in place.

KG: Yeah. The pole will stay in place.

SB: And they don't have to wiggle their bodies around.

KG: They don't ... yeah. I don't have-

SB: Might be worth a look.

KG: Yeah, it might be. I mean as I said, I'll take a temporary kind of bit of wiggling around, because literally, they can do this with a ... I mean, not like I have this stick-

SB: You can relax Katie.

KG: Sorry. At the studio I have 99p broom handles from Wilkinson's, just no expense spared.

SB: Yeah. Exactly. It's a nice, simple booster kit that people can use at home.

KG: Absolutely. It is simply to get them thinking, because people struggle with bending at the hip, and not bending at the waist. So any way that you can get them to understand what that hip hinge thing is, and then taking that on to other areas of their life where they can protect their back. And you know, they don't need it for long. Once they've got it, they can do it without it, so.

But every class, why I'm drilling into them, posture and alignment. Every single lecture, there's A, B, C. A is alignment. There's no point in starting the exercise without trying to achieve that kind of ideal alignment.

SB: Sure. Now you're going to regret telling people to send in their questions for specific things. Particularly somebody here says a demo request, they want to see Steven doing the boomerang, because I have no idea what the boomerang is, but ...

KG: No, I don't want to be the cause of Claire's wrath. Really don't. But that goes back to Joseph Pilates original exercises, not for the general public.

SB: Yeah, right, good. So there you go-

KG: I'm sorry.

SB: I'm not doing the boomerang for your entertainment. Right, somebody, questions here, specific exercises for psoas, diaphragm, QL ...

KG: Psoas diaphragm, QL.

SB: So it should be hip flexes-

KG: Yeah, hip flexes. QL, side bends.

SB: And diaphragm. Breathing.

KG: And diaphragm. Breathing. Oh, okay. You've got me there.

SB: Good Pilates repertoire.

KG: Well there's tons of it, there's ... but not sort of ... yeah, I'm kind of at a loss to know what ...

SB: Do you teach specific breathing techniques in Pilates?

KG: In and out.

SB: Yeah, good. So ...

KG: In and out works for me.

SB: Yeah.

KG: Generally, again, people hold their breath, so trying to get them to sort of breathe is really helpful. I try and encourage, if we do side bends, we hold sometimes positions, we breathe in to one side of the ribs, and get sort of movement a little bit more into the lungs. Breathing out as they flex forward, breathe in as they extend backwards, generally. It's just keeping it simple.

SB: Well, picking up on the QL, then, somebody's been more specific, I don't know who, and they say, "Could you show an effective QL, they say stretch, but I don't hear you do stretches, you're here to do Pilates exercises, which perhaps incorporate the stretching. But the give the specific example of patients who are helicopter pilots, who develop very tight right-sided QL because of their position on at the controls.

KG: Easy-peasy. Katie, come and ... oh, we'll need your feet on the floor for this, really, but we'll ... Can you sit up there for me?

SB: Will we work in a seat, or-

KG: Can I nick that table over there? It would be absolutely perfect.

SB: Yeah. You stand here and talk, and I'll get the table.

KG: So you're gonna do a little sort of side bend, so, and we're gonna focus ... which, was it right side?

SB: It doesn't matter. Well, it does say right sided, yeah.

KG: Doesn't matter, will do. So sit your bottom on their facing that way for me. So, scoot forward a little bit. Okay. My cues for everything are making sure that people can feel that they're sitting through both sitz bones. That they're not more on one buttock than the other. Then, if you bring your right hand behind your head for me, lovely. Then my other cues are lifting up the breast bone, relaxing the shoulders. Katie's got quite nice posture, so it's hard to remember, but most people just kind of slump down a little bit, so.

SB: So you'd be a useless helicopter pilot.

KW: Would you like me to slump?

KG: No, don't slump Katie, because it might become a habit and that would be awful. So, what I want you to do is to slide your hand that way and side bend over there.

KW: Keep sliding my hand-

KG: Keep, yeah keep side bent over there. Okay. Now, keep your chin lifted up so you're looking ahead, 'cause again, when people go into side bends, then tend to let their head drop, or they'll turn. Now, lift this right buttock off the mat for me, so yep.

KW: And keep going.

KG: Side stretch over a bit more, good. Now push this right buttock back down, so push it down. Feel that lengthening? And then come back, you have to say yes, Katie.

KW: Yes.

KG: And then swap over to the other side. So lift this hand up, so side stretch over to the right, so you get the stretch going first. Now, lift this buttock off, stretch over a bit more, keep that chin lifted. Now, keep that nice stretch going, now push that buttock down, lovely, then come back up. Yeah. Is that helpful?

SB: Hope so.

KG: Hopefully.

SB: That's good to know.

KG: So essentially what you're doing is you're keeping the pelvis level, you do your side bend, you lift the bum up, you side bend a bit more, then you really

try and push that buttock down, and you should feel a really nice stretch through QL through that side.

SB: How long for?

KG: Just as often as they can. And then focus onto that sort of tighter side, as well. I mean I have-

SB: Come out from behind Katie, otherwise you're-

KG: Yeah. The other thing to do is to add rotation. If I show you it'll probably be easier, is to add rotation to it. So coming, lifting up doing your side bend, and then just add little bits of rotation, and usually that frees things up a little bit more. So you can get a little bit more movement from it. It's application, as with everything.

SB: Yeah. So actually you've suggested stretches, I find stretching psoas is actually ... all the conventional stretches I think put great strain on other structures.

KG: It's, yes, they kind of do. I mean there's the usual ones are just kind of here, and going through there. A good way to do it though is if you just do the 1990 bit, sort of there and there. Then do a pelvic tilt, pubic bone to bellybutton.

SB: Right.

KG: So keep the breastbone lifted up. Shall I do it?

SB: Yes.

KG: So ...

SB: Point out what you are doing as we ...

KG: So, yeah. People want to kind of slump, so you've gotta keep that lifted up, then go, pubic bone to bellybutton, and usually that's enough to feel a bit of a pull through the front of the hip flexors. If you let the pelvis stay kind of neutral, it'll tip forward, you don't get as good a stretch as you do when you flatten that lumbar curve. So, there.

SB: And if you had somebody in a class, and you were doing this exercise, and the QL exercise that we just looked at, you said as many as they can. But I mean what would you be looking at? Hold that position there?

KG: Hold it for a minute at least.

SB: A minute?

KG: Yeah.

SB: That's a long time.

KG: Yeah, I know.

SB: And then repeat it how many times?

KG: As often as it takes to get it to loosen off. It depends what's causing the problems. There's a really good one that I do, which I call the sofa stretch, but is a bit extreme. But it's better on the sofa, 'cause it's comfy.

SB: Claire's just said that we should ask everyone to try these exercises while they're watching, 'cause she is. Which she ought not to be doing, because she ought to be monitoring these questions.

KG: Woops. So you sit on your sofa, so you have your foot on the seat. Then the back of the sofa's coming up behind you, and then you put that leg up the back of the sofa, and then there. So you're in that position, and then you do ... But again, that's quite extreme on knees, it's not for everybody. So basically, you kind of sit there for the first half of Coronation Street, then you go to the loo and have a drink, and then you do the other leg for the second half, it's easy-peasy.

SB: I'll never do that exercise if I've gotta watch Coronation Street.

KG: I'm joking. But it's a comfy way to do it.

SB: Can you show an exercise for increased QL tension in a patient who has a spondylolisthesis, where rotation is aggravating the sciatic nerve? Well you just did the side bending, didn't you, without the rotation, so.

KG: That was with ...

SB: That seemed reasonable.

KG: I would say that that would be quite a nice one to do. 'Cause it's quite hard to get a good QL stretch, really, without ... unless you're getting over there. So whatever it takes to get them to ... but if they can do the stretch, get that little buttock lift, go over again, press it down! Because that's ... if you stick something there, like your hand, or I don't know, the winning lottery ticket, whatever it takes. But give them something to press down on, something sort of specific that they can press down on.

SB: What else can we make Katie do?

KG: What other questions have we got? Is there anything specific?

SB: Well we can come back to those, but we've also got some spiky objects that we can-

KG: Let's come back-

SB: Stick into things, haven't we?

KG: Yeah. Oh we have. We could ... spiky objects are quite good for in the hip. They're quite unpleasant, really sorry Katie. We've got one, I don't know where the other one went to. Lie on your front for me. Oh it's, there it is, I can see it.

SB: I'm sorry.

KG: It's in the corner. Lie on your front.

SB: That's been kicking them all over the shop.

KG: Thank you. So this is quite a nice way to get into the front of the groin, although it's not very pleasant. So you just want to kind of stick it, the crease of the hip and thigh, then, just ... so is that in the right place, Katie? It can go further toward your pubic bone if need be.

KW: Yeah it is.

SB: The inguinal crease, then.

KG: Right. Flex this foot, and put your toe on the floor-

KW: I can feel ...

KG: There, and then lift your knee off. No, keep your toe down, lift your knee off. That's it. So can you feel that?

KW: Mm-hmm.

KG: Kind of in a weirdly unpleasant way?

KW: Yes.

KG: Good. So pull up your belly, so engage your abdominals so you keep this, the pelvis kind of in a good position. Try not to go into lumbar extension.

KW: Yeah.

KG: Yeah. Now, just keep that leg where it is and point your toe. Yeah, so now you've got all of the weight down on that rather vicious little prickly ball. Lovely.

SB: You enjoying that Katie?

KW: Quite effective.

KG: It is quite unpleasant, isn't it?

KW: Although I'm slightly getting a neuropathy down there, and like-

KG: Are you?

KW: Yeah.

KG: Keep lengthening it away a little bit more. Does that ease it a bit? No, not really she says.

KW: I'll hang on.

KG: Okay, now, just go out to the side and in. So out and in a little bit. There. And back.

SB: So who are you using this exercise for?

KG: Runners, definitely.

SB: Who have what?

KG: Who have quite tight hip flexors, or sometimes they just get a bit of a little kind of pinging and twanging there. People that sit a lot, it kind of opens things up quite nicely. Now, bend that knee for me, and then kind of go like a windscreen wiper, so foot goes out there, and then in. Yeah. Then out ...

SB: And this with the knee on the floor?

KG: Slightly off, please, thank you Katie.

SB: And keep it there.

KG: You're not there to have a rest, silly. Good. So again, just getting the hips juicing up a bit, getting a little bit of internal and external rotation going in the hips. All right, have a rest. Take that out. How's that feel. It's okay?

KW: It feels more free.

KG: Thank you.

KW: Yeah, definitely.

KG: I'll pay you later. So yeah, I mean you can do it on sort of both sides, and there's ... I mean you could-

SB: At the same time?

KG: No, I would do one at a time, yeah.

SB: It's just that you're holding two spiky balls there, and I was thinking-

KG: I know, spiky balls, I know. But no I would do one either side. So, they're quite handy for sort of getting in some quite unpleasant places.

SB: But do you know this was the sort of thing I really was hoping we'd see because I've never seen that done this way. Normally I've seen people using them to roll them under their feet or sit on them and roll them under glutes and such. That's quite-

KG: I mean you could-

KW: It feels more open now.

KG: Yeah, it does and you can do-

SB: We should point out for the audience and actually, Katie is an osteopath so she knows what she's talking about when she says these things-

KW: Well, why did you do that?

SB: Shh, shh. One year to go, one year to go.

KG: So the other thing that you can do, if I shove it back again Katie sorry. And then the actress said to the bishop lift that leg up for me again now, just keep that leg lengthening away. Now, think of turning your thigh bone out, so external rotation, and then turn the thigh bone in, internal rotation. There you go, yeah.

SB: You feel that? Katie?

KG: Just go real steady with it.

KW: Yeah. I think-

KG: You might need to wiggle around with it a bit, so anything where you're getting that sort of head of the femur moving nicely because for a lot of my clients they are sitting on their bums for hours and hours everyday.

SB: Yes.

- KG: You know, they get up, they sit at the table, they sit in their car to work, they sit at their desks, they sit back in their car, they sit on the sofa and then once a week they come for an hour of Pilates and expect miracles, which I can do.
- SB: Okay, let's give Katie a little rest, because somebody's asked us about your hip hinging and asked how that is affected by hip OA, for example.
- KG: It can be a bit unpleasant, but again, it's just keeping that range to what they can manage really, but it's still understanding that there are going to be times, when to protect their back, they need to keep it still basically. If they're going to be lifting something heavy, osteoarthritis or you know anything else it doesn't matter, they still need to know how to protect themselves and that's, to a certain extent that's what Pilates is about. It's sort of teaching them good body use.
- SB: And actually just, you won't have seen this, but I would suggest that all our viewers if they've got patients with OA, then hip OA, then have a look at the Laurie Hartman video because he's got wonderful HVT, which in many cases will reduce the problem without the need for surgery and then do something like this, which will then perhaps stabilize it and allow them to continue.
- SB: So Laurie Hartman's hip HVT technique is very effective for many patients with OA. What else do we got here? Can hinging from the hip without hinging ... Can hinging from the hip too much cause other problems? Like lack of movement, just wondering if there are low backs that are not moving enough might not benefit from that.
- KG: Absolutely, yeah. So I think it's a technique to get people to learn, because if they are going to do things like squats and lunges than they need to know how to be able to keep their back stable. So it's an important technique to learn, but moving their back is even more important, you know, there are some, some sort of health professionals I know who hate the Pilates roll down and I don't understand why because unless there's-
- SB: Which is a more flexible movement than the hip hinge.
- KG: Oh, absolutely, yeah, you're standing, you're rolling down, you're rolling back up. But you know know, my view is that spines need to move and if you stop them moving then, you know you're going to cause more problems-
- SB: You're going to be confusing our audience that way by having said we need to teach the hip hinge, but now we also need to teach the roll down.
- KG: Absolutely, we need to do both because there's a role for both. So, when they're getting up and getting down from places if they've got dodgy backs and stuff they don't want to be sticking a load on any weak link in the chain. But we've got to work all of that chain. We've got to work all of it in lots of different directions.

SB: Okay.

KG: That's really important.

SB: But actually the hip hinge and what you've just done with the spiky ball, is useful stuff for someone who's got a current acute back problem and we're trying to get them stable before we could get them to other more flexible stuff.

KG: Yes. I mean if you had somebody ... Sorry I'm going to come stand up. Oops.

If you're got somebody with you know, well I won't be seeing them with sort of acute stages, because that's not going to be suitable for exercise.

But once we get past that they're still going to have that weak link so I don't want to start loading that too soon. So I want to start encouraging them to learn how to hip hinge. But while they're doing that what they are doing is they are learning the technique to get engaging the pelvic floors, the abdominals. We want to build up their glutes as well as their back muscles and their abdominals and also getting them to think that their abdominal wall can be a huge help to support their back because a lot of them don't really kind of come knowing that. They just think, they need a six-pack if they're Peter Andre, they don't think they need it because they're whoever they are.

So it's getting that kind of understanding, but then the roll down is kind of that movement. So obviously I'm not going to teach that to somebody that's you know sort of just arriving with a bit of back stuff going on.

SB: It has more to do with what people's capabilities are, isn't it.

KG: Yeah, completely, yes.

SB: Have you got anything to emphasize and encourage, transverse abdominis recruitment?

KG: Yes. Where's she gone?

SB: Can you demonstrate with us, Katie?

KG: Yes. Come and lie down on here Katie. Have a lie down for a minute.

SB: Now earlier on I asked if you needed a pillow and you said "no"-

KG: No.

SB: Is that because-

KG: The reason I say no is, we have cushions of varying thicknesses because in this position, I mean Katie is fine because she is relatively young and she in great nick. But some of my clients, their heads will be up there, so then the cushion will be there to fill the ... So if I give that to Katie that's immediately stuck her head and neck alignment into quite unpleasant position so I am going to whip it away.

There you go, right, bend your knees for me. Okay this is my kind of go to exercise, if you like, for getting people thinking about their abdominals and how best to sort of use them.

I had a client who used to send me money and seemed to think that sending money to my bank account was sorting her back out and if I saw her once a term that was it. She got floored and ended up on a bathroom floor in absolute agony and then physio got her doing this exercise and she "Oh yes, we are doing this in Pilates". So I then look like the worst Pilates teacher ever, which I was quite cross about. So, but when she came back after I think a term and a half of some serious rehab, she was in so much better nick. And this is a really good exercise to get them thinking about it.

So, we have, we call a single knee fold, which is one leg up. And down. And then a double knee fold. And a double knee fold is never both legs together because that is illegal in the Pilates world, obviously.

What I want you to do, Katie, is to imprint your lower back into the mat. Good. And the reason for this is we going to load her back and we're going to load her abdominals. And I don't want it to go into lumbar extension. Your fingers are there to really give you some feedback, okay. You're going to engage pelvic floors again, so if you can close the back passage, close the front passage, pull in your abdominal wall. And your fingers are there, so that you know what it's doing then you're going to take a breath in and then as you breathe out lift this leg up for me first. So that's easy peasy.

So this is a single knee fold, pause, and then lower it back down. So this is not too much load on your spine. Then continue with the other one.

But for somebody kind of new and with not much tone this is still going to a bit of challenge. They're going to start feeling it all wiggling and wobbling around. So then when they get to the next bit, we're in serious trouble.

Do a single knee fold for me there, that's perfect. Now really dig deep Katie, and lift your other leg up, too, don't let your belly pop. Perfect! Excellent, no pressure. Lower this leg down for me and then lower the other leg down. Okay, how's that? It's harder than it looks, isn't it?

KW: It is, yeah.

KG: But-

KW: I was a bit worried about using my abdominals.

SB: But all the time.

KG: You were excellent, you were fine.

Actually to start with I put them into an imprint because what you're doing is you are loading the abs and the back with this exercise and it's ... People kind of struggle with this sort of core stability thing because it's a bit of a "what does it mean?" And also, feeling stuff. It's kind of, I sort of describe things sometimes like, Mo Farah and Usain Bolt.

Mo Farah is built for stamina and endurance because he's a, now he's a long distance runner. So his training is for endurance, so he's kind of skinny and rangy. Whereas Usain Bolt when he was running he was built for explosive action. He's big and powerful because that's what he needed.

And in a sense, training and teaching kind of, stability stuff it's a useful analogy. Because you can't say to somebody, "oh you know, just get your L5, S1, multifidus working love" because they're going to, "what?"

If you also do a bicep curl, oh yeah they can feel that. They've got that feedback. With your sort of, with your postural muscles if you like, you can't necessarily get that feedback. Giving them something that is a bit more hands on, that they can feel what's going on, helps them make much more sense of it.

This is the double knee fold. So what you're doing, one leg up not so tricky. Well yours is really easy. When that second leg comes up, you've got the weight of two limbs certainly and this onto your back. If they're not careful, what most people do, their belly will bulge and their pelvis will tip forward into lumbar extension.

So if they start in neutral, they're going to go into lumbar extension. So start in an imprint, hopefully the most they come up is towards neutral.

SB: Do you think everybody knows what you mean by an imprint?

KG: No but I'm going to tell them now.

SB: Oh I see.

KG: So an imprint. If you think of a neutral spine, you've got your natural lumbar curve. So my cue for this is pubic bone to belly button, press your waist band into the mat. So that, if you like, is an imprint. So you're pressing your lower back into the mat, okay?

Then pelvic floors, abs again. Take a breath in. As you breathe out pull in the tummy a bit more, lift one leg up, then know when you lift that second one up you got to work harder.

There you go. Lower one leg, keep pulling in. Lower the other leg. Another breath in, then on your exhale lift, lead with this leg first and then the other one, because I can't remember which one you started with. I never can. Pull, lower one leg, lower the other leg. So keep that going for me Katie. Perfect.

So what Katie should be feeling are her abdominal wall is working really hard. But so are your back muscles as well, and you can feel them working really well. So that to me is a more useful way to teach because if you say to a patient "transverse abdominis" they're just going to "what?"

SB: Shouldn't she be alternating the leg she started with? Because she's not.

KG: She should be alternating but I forgot to tell, but don't worry, it's not the end of the world. I don't think you'll wear this hip out yet with just three goes first.

SB: But important for the people watching the show or recording later, alternate it.

KG: Yeah keep alternating if you can. But you know to be honest if you can get a patient doing this every single day, and I say 40, 50 times, then I don't really care which leg they use first, frankly. I'll just be glad that they're compliant.

SB: Can I ... We've got relative little time left and course as always-

KG: Really?

SB: At end of the show there's always questions coming in-

KG: Oh my goodness.

SB: What have you got for shoulders?

KG: Shoulders.

SB: Or thoracics or both.

KG: In terms of mobilizing them? Strengthening them?

SB: Well we haven't sure which has been injured, you pick an injury.

KG: Okay. Rotator cuff?

SB: Yup.

KG: The usual band. Come up to sitting, Katie, we've got a bit of a band somewhere over ... Oh it's under here.

Here you go. Whoa, the world's going round.

Hold that for me, palm up. Just to be awkward. So they can't often get this one wrong. So stick, that's it, hold that there, lift up here, drop your shoulders down. Then just gently pull both arms out and up, sort of separate the hands, yeah, and then gently back in.

So hold it a bit closer together so you've got a bit more range. Although this is quite heavy band, I'm sorry. So give it a little bit of welly, good. So these are the-

SB: This is useful, though?

KG: Yes!

SB: Because it's making her hold her over again.

KG: Because they go out like that and all sorts of weird things. So yeah, anything. The winning lottery ticket whatever it takes, to sort of keep that in place and just pulling out and in. So you're working part of rotator cuff here.

Then if you let go of that one and I keep hold of this one, let go of that hand darling. Keep hold with this one, keep hold of it. No I've done it wrong I'm so sorry.

Hold that one. Let go that one and now sort of pull it. If I pull it here, pull it towards ... Bring it towards me. Okay and then pull it out a little bit more. Give it a bit more welly, lovely, and then back in. So that's the same movement there. So if they attached it to a door, so a little bit stronger. Then if I come this ... Keep hold of it. No, keep holding it with that hand and then let go. Now pull it towards you, in.

SB: Without dropping the band.

KG: Yeah. That's fine. And then in. And then pull it in again. So I took it out, it was my fault.

SB: Oh did you?

KG: I did, my mistake. Was my fault.

Good. And in. Yeah. That's lovely.

So then you're just changing where, where the work is coming from. Okay then, really nice thing to do, if I do it'll just be easier than trying to instruct

Katie. Holding the band and then just taking the arms up and bringing them down and just looking at the range of movement that people have got. And they can do this-

SB: Can you turn around and just do that from-

KG: Sorry, is that better? So there. So you're just looking at the range of movement. Then chicken wing. So bending the elbows, bringing it behind and coming back up. So that's working really nicely into the scapula. And again you're looking at spinal alignment and all the usual stuff. You're not, kind of, allowing them to slump and do things weirdly and stuff.

And then you're also looking at sort of hips and whether there arching their back. And then a really simple way, if I go to the door, would that be a problem?

Is that okay?

SB: Yeah very good.

KG: So just, I stand them in the corridor but the crooked ground, so they're on a long corridor. It's like we sort of calm the day. It's just to get, can they get their arms up without their back moving and bending? And it's lots of stuff like that sorts out lots of peoples issues because they're tight from there. So the combination of working mid back, mid and lower traps, really really important because they're ... We don't need to do tons and tons of abdominal work. We need to do much more extension to kind of get that balance back. Setting the shoulder blades slightly down and together. So any exercise that we do prone for back, the cue is always shoulder blades slightly down and together before we lift so they're not kind of hitching up through there. So tons and tons of stuff with all of that.

And that hopefully just opening up through here, but strengthening there. As with anything you can't just stretch something. You can't just strengthen something. There's got to be a bit of byplay with both elements and that's what Pilates classes should be about. And all of the stuff we're doing is educating clients constantly.

Why are you doing this? If a teacher is not telling you why you are doing something, what's your carrot? Why would they bother with trying to continue to do it?

SB: Let's go back over there for a few minutes. The last few minutes. Katie will you come and join us?

KW: Yeah.

SB: And so you can tell us just how painful it really was in a little bit of a moment. If I can get, I've got a frog in my throat that I've got to get rid of.

So last few questions then because as we said we are running out of time. First of all, somebody else sent in an observation. They have trained with Polestar Pilates and they had a specific course for rehab as well. So just so the people can be aware of that

KG: I forgot, sorry, there's quite a few Polestar, I think they're Australian.

SB: Doesn't matter.

KG: But I may be wrong but yeah they've trained a lot of health professionals. I think quite lot of physios and osteos go through Polestar. And there's the, a, Australian Pilates Institute as well, they do a lot of health professional, too.

SB: We've also ... A couple of questions are coming about diastasis recti.

KG: Oh, yes.

SB: And do you do anything specific for that? And one example here, a two centimeter gap two years postpartum following a C-section twin pregnancy. So?

KG: Not hugely specifically. I've just done a workshop with a women's health physio, Michelle, who, and I was asking her about it because I said to her "I'm seeing more and more women with this." And she said "because they're having bigger babies and it's stretching more." And that's why you're going to see more of them.

KG: Is that okay? What do I do with it? Okay. So yeah I don't work specifically with that but if somebody wants to look up for a bit more information, there's a really good book by a lady called Katy Bowman on that very subject. And she's done quite a lot of work with all of that and that's where I tend to sort of push my clients to. Because it, there's more work that they can do at home to try and sort of get things on track. And it's a bit out of my remit, in that sense, if you like.

SB: Okay. I have been asked to say, we talked about arthritic hips when we over in the other treatment there. I've just been asked to say that we will share the Laurie Hartman video again so that people can relate to what we were talking about and also use that in conjunction with what Karen was sharing a little while ago. Because it is an extraordinarily effective technique in so many cases.

KG: I'm going to have to look that up because I've not heard of that.

SB: You won't find it.

KG: Well why not?

SB: It's an osteopathic technique-

KG: Oh okay.

SB: If you look it up you'll probably find it on our site, but we'll share it with you anyway.

KG: But I can't. Is there somewhere I can send people for stuff with that then?

SB: Yeah, osteopaths, all chiropractors, I'm sure.

KG: Oh okay.

SB: Well, all the osteopaths and chiropractors are members of this organization and all have the opportunity to know the technique.

I wanted to ask you, while we got time, about osteoporosis because you are a professional member of the Royal National Osteoporosis Society, is that right?

KG: Yes, yes it is now.

SB: Which is 25 for the year, it's a worthwhile organization to join and you get lots of information about osteoporosis.

KG: Yeah, tons.

SB: You brought out the leaflet which they have, which is their-

KG: I did. They're strong, steady, straight.

SB: Yeah. And again we've done broadcasts with Nick Burch before and we talked specifically about osteoporosis and how this is a much, much more a professional and updated approach to osteoporosis than the old sit down and do nothing.

KG: This is the quick guide summary. So it gives people a kind of starting point so they can work through it and see what it is but-

SB: And we will post that on the website with the recording. It is already on the website with one of our broadcasts with Nick Burch, but I can't remember which ones. So, we'll post it again with this recording.

KG: But just for the patients point of view, if you've got osteopaths with chiro, with osteoporotic clients, they've now they a whole lot of exercise on their

site. So people can tune into the bit that's relevant for them and then literally do them in the comfort of their own home. Which will be really helpful.

SB: Moving onto another question. They don't come in entirely related to each other when we get to this stage-

KG: That's fine.

SB: Because ... I'm getting through as many as I can. The theory between breathing coordination as you were telling Katie to breathe in and then wiggle hips and lift knees and stuff like that.

KG: Generally, keep breathing because ... It's true, people hold their breath when they're breathing, when they're exercising. You see them, sort of like a little puffer fish. The simplest way to think about it is, when you bend forward you breathe out. So if you were doing an abdominal curl you wouldn't be trying to breathe in because that's counterproductive. When you do extension you can do that on an in breath and then come down on an out breath. It's really that simple and straightforward-

SB: But with your hip flexion exercise that you were doing, you were breathing in, holding it and then doing the knee-

KG: Then breathing in and then breathing out to lift up.

SB: Okay, right.

KG: Breathing and then breathe in at the top. So on the effort she should be breathing out and pulling everything in all at the same time.

SB: And what would you recommend for ankylosing spondylitis? Spondylitis. We mentioned this earlier on and yes it's one of the areas that you specifically deal with.

KG: Just literally strengthening their spine and keeping as much mobility as they can. It's not a very nice thing to have and I think ... But if you look at lots of people their spines are quite stiff. Nothing to do AS just to do with lifestyle. So anything where we can encourage people to keep moving and keep their spines as sort of mobile and as strong as possible whether-

SB: Do you have specific Pilates exercise? You stick them over a foam roller or?

KG: No, I mean the foam rollers are there for challenging stability sometimes. It gives them a bit more feedback and sometimes that could feel quite nice. Anything that gets them ... I mean I literally, I will literally use anything, I don't care what it is. Any piece of equipment and it may not even be Pilates related, but anything that gives people feedback that helps them to get what they're trying to do. It doesn't really matter what it is.

SB: And speaking as an educated patient, because obviously you know your anatomy and physiology and rest of it. Did all that stuff feel as though it was making sense to you, Katie?

KW: It did, yes. Yeah. I think if I was a novice, a-

SB: A layperson.

KW: A layperson. I think I would ... It was very clear to me but I don't know whether I'm just ... I have a bit of knowledge now as I understand what you're trying to get me to do.

KG: Yes, if I've got somebody completely new-

KW: But it was completely clear.

KG: Yeah, then, we would start in a much gentler fashion and then, and we take it much more slowly and I've got an hour to teach them how to exercise. I mean you know, that's the joy of it, in a sense. And you try to sort of build it up, sort of little bit by little bit.

So each week we cover a specific area and then take them onto the next bit and give them homework. They all have homework. And we've got online classes. My clients have access to little online but they are 10 minutes, so I don't take any nonsense from them. "I haven't really had time" how many cups of tea did you have yesterday? "Three" Okay, so if you've had two then you'd had time to do an exercise wouldn't you? So you know, there's always something you can do to build up on it.

But people as with everything they get out of it what they put into it. And if anyone comes to a class once a week and expects to fix their back pain then I'm quite clear that that's not going to happen. You're the one with the bad back, not me. I will teach you what you need to do. But you know what? It's your responsibility, love, not mine.

So if you want it to improve and get better then put the work in. And I'm there to facilitate that. My job is to teach them how to work, how to exercise effectively. I'm not a clinician, I'm not there to diagnose it. You've done that. I'm there to give them some really simple ways that they can improve their mobility-

KW: Yeah definitely. You use the change of your wording, as in weave them in. You're quite open with your wording so they'd understand that you-

KG: Yes some of it's very inappropriate and I haven't done that tonight.

SB: I have to share one thing with you. I have to share one thing with you, which is from Adam Kay who used to be an obs gyn registrar and he wrote a book called This is Going to Hurt, it's very, very funny.

But you were talking about pelvic floor exercises and he says, the best way to describe it was to say to his all female patients, "imagine you're sitting in a bar and it's full of eels and you're trying to stop them getting in."

KG: Oh yeah, I've used, you know-

SB: Wait a second!

KG: There's lots of things. For boats, I say "nuts to guts".

SB: Yes, anyway. I'd just share that because I thought it was amusing. You got two minutes and no more. Just a recap on how our chiro and osteos watching this can grade or gauge whether they got a good Pilates nearby. What are we looking for? So qualifications and-

KG: Check and see if they're a level three. Check who they-

SB: Level three what?

KG: Level three-

SB: REPs.

KG: Yeah, that's REPs, in that sense. So find out-

SB: That's recognized exercise professionals.

KG: Yes. Then check who they trained with and then go and have a look at what the prerequisites for that training company are. Because they will differ so you could have one extreme to the other. And then look at their clients recommendations and all of that kind of stuff really. That's the best thing I can say. I mean I've got, I've had so many students come through and some of them have been great and some of them have been quite frankly have been shocking. And I wouldn't, and you know, they're all under the same umbrella. Like they think, "hmm don't think I'm going to get paying to go see her."

But it's really, you've got to do your homework and I'd do, I would do the same. I wouldn't send to some anyone, just someone just because they've got letters after their name.

SB: Karen we don't have time. There are a couple of questions, I'm sorry I haven't time to ask all the questions that were sent in this evening. But I've got a

couple of more that I'd like to put you afterwards, which we'll then share with our viewers.

Katie thank you for coming in being our dummy for the evening.

KG: Thank you, Katie.

SB: Karen, thank you especially for coming

KG: Pleasure!

SB: On such short notice-

KG: You got me on a night I wasn't teaching. Normally on a Tuesday I'm teaching.

SB: You've helped out with one of speakers as well which is very kind of you.

KG: Pleasure.