

Pilates for the Neck and Shoulders With Karen Grinter

Cast List

Steven Bruce

SB

Karen Grinter

KG

Phil Haywood

PH

- SB: I'm joined by Karen Grinter. Karen, great to have you back with us. And by Phil, both of them Pilates instructors, but Phil is acting as our model for the day. Karen, we're going to talk about stuff useful in clinic. What are we going to do?
- KG: Neck and shoulders. So, we get lots of people coming through the door with dodgy necks, dodgy shoulders, mainly because people with laptops, all that kind of stuff. So that's what we're going to play with today.
- SB: You work quite closely with chiropractors and osteopaths, and so on, so you know the stuff that we do in clinic.
- KG: Yes.
- SB: How do we make it better using Pilates techniques?
- KG: How do you make it better? Well, hopefully we can give you a few bits and pieces today. Should we get started?
- SB: Yeah.

- KG: Let's crack on. So something we did, actually, only... what day is it? Tuesday, Thursday, yesterday in class, and Phil have come to visit, so we got him doing it as well. So first thing we're going to do is get him sitting up a little bit taller, so he's going to lift his breast bone up. So that kind of starts to lengthen things up a little bit, and then we're just going to start by turning the head from side to side, which I'm sure you will do in clinic all the time. Just to sort of look at what they're range of motion is, and what they-
- SB: But we also tell them to do that as a mobilization exercise. And we would just say, "Waggle your head from side to side."
- KG: Waggle your head from side to side. So mine's just trying to be a little bit more precise about how they waggle their head. So, so as a sort of start off thing, it's kind of what can you see. So when you turn your head from the left, and turn it to the right, where's your sort of line of vision, and what can you see right now? And hopefully, in a few minutes time, when they've done a little bit more mobilizing they may have a bit more range. So the first thing that were going to do is, keep that breast bone lifted for me darling, and just a little bit of drawing the shoulder blades very slightly down and together behind, because not only do want to sort of improve the neck, but to be able to stand up right, we've got to think about the sort of muscles front and back through the thoracic area. All I want Phil to do, and this is much easier in front of a mirror, is go left ear to left shoulder, and then right ear, to right shoulder. Perfect. So it's just a little tilt from side to side. So when you people that have been like that all day long it's just trying to get a little more length and strengthening through the top of the neck.
- SB: So what guidance are you giving him? Because generally we would say, "Do ear to shoulder," and we'd say, "rotation." But what extra stuff are you teaching.
- KG: We're just doing it in a class situation, so I'm pacing it through the class so, usually I've got them looking in a mirror, if we've got a mirror handy. Because they'll do all sorts of weird things, because they'll turn their head off there, they'll go up there, they'll try and turn around, and I just want that ear to shoulder. Now, stay there. Something else I quite like to do is, Danny's sitting down because he's really tall, is put my hand at just the back of the head and say, "Lengthen up into my hand." Perfect. I don't know if you saw that on the side camera.
- SB: Just run it through again, because now we've got the side camera on it.

KG: Okay, slump away. Go on slump. So hand on the crown of the head, and then lengthen up toward my hand. And that happens quite often in class, you get that visible lengthening up. Phil has a great cue when he's teaching, because he says, "Think about the little creases in the neck, and try to get that length through there, so you're kind of getting rid of the creases in the neck." So that's one of Phil's good cues. So, keeping him nicely lengthen up through there, we go into a little bit of a stretch, so you've got to keep that breast bone lifted up. It's really easy to slump forward. I want you to drop your chin toward your chest and then roll off to the side. Yeah, see, he's done the wrong thing; that's what they all do. So you're going to roll off to this... no. This way, and then lift your face up to the ceiling, and then bring it down and back and roll over to the right. No, don't turn... roll to the right. And then lift your face up toward the ceiling.

SB: You called this "a bit of a hair flick" earlier. Didn't you?

KG: I did. It's sort of slow motion hair flick thing.

SB: So it's neck flexion then it's side bending, and then rotations...

KG: Have a rest Phil, because you're not quite getting this one, but that's because you can't see me. So if I do it, you'll hopefully be able to see it a little bit better. Drop the face forward, but keep the breast plate lifted up and then you roll around and look up toward the ceiling, so it's sternocleidomastoid that your sort of stretching a little bit through there, and then coming around and back and then up on the other side. So you're just taking it through a little bit of movement, so you're going into a little bit of extension through the upper part of the spine, but not too much. Does that make sense? Hopefully, that will make sense. So then, my favorite one, which nobody can get right forever. So keep that lifted up here, so think Indian dancing, when the head goes from side to side. So the easiest way to do it, think about your chin on a shelf, so put your hand under your chin, darling. That's it. So now, just think of sliding your head sideways, coming back to the center, and sliding it to the other side without turning it.

SB: He's rotating it, isn't he?

KG: He's turning... Everyone does, it's really hard to do. Okay. Now, another little thing to think about. So, put your finger on your nose for me. So, sit up taller, and pull your nose back from your finger. Yes. Now relax your arm down. So, now we've put the head back on top of the neck, then in front of it. So now, I want you to think of going side to side. Don't lift your chin. So push off to one side, push off to the other side. It's really hard to do, it takes some practice, but this has worked really well with quite a few of my clients that have had real

big neck issues. And it just starts to get them... it's almost like you're doing that with the vertebrae, which is a little weird. I know. But it just...

SB: It looks as though it ought to be very good for the OA.

KG: The OA?

SB: Occipital-

KG: Oh, sorry. Don't say anatomy things to Pilates teacher.

SB: Right, the very top of the cervical spine. Should be nice for just gentle gaping at the very top.

KG: Exactly. So, it doesn't matter what cues you say, I often come along and put my hand at the back of people's necks and get them thinking about lengthening up through there. Because anything that they can feel, physically feel. So the other thing is, bring your hands behind your head for me, darling. And bring your elbows slightly forward. Lovely. So we did this again in class the other day, so breastbone lifted up, shoulder blades slightly down, then take a breath in. Then as you breath out, press your head backwards, pull your hands forward slightly, perfect. And again, you can see that lovely elongation through there, so getting rid of all the creases. You'll be delighted to know Phil...

SB: For those people on the other side of the camera, they're going to have to imagine that...

KG: Imagine that, unless you can see it from the side one too. Who knows? And then you just relax and do it again. So it's a really simple way to get people thinking of bringing the head back on top of the neck and on top of the spine. Another way to cue people to doing it, is sitting in the car at traffic lights. They've got their hands on the steering wheel, relax the shoulders, chin on a shelf, you can relax. You got a cramp, darling?

PH: I was adjusting in the mirror.

KG: Oh right, very good. And just press the head into the headrest in the car. So, then a really nice thing to do once...

SB: Can I stop you if move on to a new one?

KG: Yeah.

SB: What are we trying to achieve with this?

KG: Achieving a little bit more length here, and the head on top instead of slightly forward, but you have feedback here from your hands pulling forward, or head is pushing back. So there is a little bit of work for those neck muscles to do as well. And it's just that constant encouragement. And then from there, just nice rotation, so rotating keeping the head on top of the neck, keeping the breastbone lifted, keeping the shoulders down, and coming back in and off to the other side again. And then, gently back here, and then keep pushing. Yeah. In and back, all the time, and shoulders nice and soft, and then over to the other side. Lovely. Last one, and then relax the head back down. Yay.

SB: Phil, you're making it look like there's a lot of effort going on in that.

PH: It's quite actually, surprisingly, hard work.

SB: Yeah? Should it be?

PH: A lot of activity here.

SB: Oh, in between the scapula...

KG: Yeah, and on boys mid and lower traps will be doing a bit more work. Again, because people just get really rounded. So, I suppose you can't just address one thing, because everything kind of obviously connects, doesn't it? SO, it's in terms of teaching, in terms of class, we may focus on this bit, but never forgetting how that it's linked to other stuff too. So, a lot of people you say, "Breathe in." And their shoulders go up around their ears, so if you can get that sense of the shoulders dropping the breastbone lifted up, the collarbones open up. Then the arms are in a slightly better position, they're less neanderthal.

PH: Okay. Yeah.

SB: So all those years, Phil, people have been telling you, you're well rounded. What they meant was sit up straight.

PH: Yeah.

KG: Yeah, well what you don't want is that sort of military posture, where you ram your shoulders back and scrunch it all in, because that achieves nothing. So all got to be done in quite a gentle fashion.

PH: I have had loads of issues with my neck. That's why I got into Pilates.

SB: Right.

PH: Because I'm forever carrying my head forward. It got to a point where if I wanted to look down, I had to physically move my thoracic down. I couldn't move my head down. I could look up, I couldn't go down. So that's why...

SB: So Pilates has helped that?

PH: Massively.

KG: Okay. Another quick, funny one, and this is a little weird. So, you're going to stay in that nice lifted position, and then what I want you to do is, look up to the ceiling with your eyeballs, so just lift your gaze up to the ceiling. Keep looking up, then just draw then chin in and back, and start to look down. So you're moving the head down, but you're still looking up, so you're eyeballs are looking up, but your heads moving down. Then come back to the center, and then look down. So look down over your cheekbones, and as you're looking down over your cheekbones, lift your face up to the ceiling, but keep looking down over your cheekbones. And then look up, and then bring your head back down. So, eyes going in one direction, but head is going in the other. And then keep doing that. So whichever way your vision is, the head movement is the opposite.

SB: What's the philosophy behind this?

KG: I can't remember where I got it from; I've done so many courses. But somebody did it in a workshop somewhere. And I've gone stressed up to the eyeballs, I think my sons was eight or nine at the time and being a pain, and work was busy, and... you're sort of rushing to get there, and then we did this. And I thought, "Oh, this just feels so nice." So then you do the other... so that's kind of up and down. And you could do this laying on a mat, and I've done it in class where they've got their heads on a cushion and their doing it and they're, "Oo really." And the optic nerve get a bit of a stretch and movement too.

Now we do the shifty one. So eyes look to the left, but turn your head to the right. And then, eyes look to the right and you turn your head to the left. It's barney, but it's lovely. Are his eyes going in the right place?

PH: Fine then.

KG: You look a bit shifty.

PH: Yeah, I feel it.

KG: You could probably sell cars.

- SB: Probably not best to do this in the queue at the post office.
- KG: Definitely, no. Definitely, don't do this in the queue at the post office. But again, keep that lifting up. But what you're looking for is more subtle movements, and I think... I have a couple of clients, and you give them an instruction, and it's a wonder that they don't get whiplash. It's a wsh, wsh. You're like, "Slow down."
- SB: Now this goes back to a clinic setting, where my patients come to see me, and they've got a neck problem, and I've done whatever I do... Is that an exercise for someone with neck problems or someone, as you've just said, who feels stress and wants some movement just to relax them.
- KG: Certainly with neck problems, again, you're just looking at smaller, finer movements. Because as with anything, you can do dramatic movements in your osteopathy practice because that's the thing you've been doing. But when you send clients away, or patients away, you just want them to be doing something slow and quite controlled. I think. And just getting them listening to their body more.
- SB: Also good to think about telling them, they can do this in the car as well. Because the big thing about patients is compliance, isn't it? And if you suddenly say, while your sitting in the car, not while you're on cruise control on the motorway or something, but if you're sitting in the car in a traffic jam you could do these exercises. And actually, they'll probably enjoy doing that.
- KG: Yes. I would say, "Find traffic lights in your day." So it doesn't matter if it's boiling a kettle, if you're waiting for a kettle to boil, I get people standing properly pelvic floor connection. Anything like that, it doesn't really matter.
- SB: A question has come in from our audience, which is actually a very good question. You talked about keeping the head level and moving sideways, you talked about turning the head. Are you pushing that into range, or are you just going to where it's comfortable and coming back?
- KG: Comfortably uncomfortable. Yeah. Comfortably uncomfortable, it's a bit like stretching.
- SB: That's a politician's answer.
- KG: It is a politician's answer, but yes, you're not trying to force it where it clearly doesn't want to go. Definitely don't want it to go into pain, or anything like that. But I think people need to understand more and more, that they're only going to improve if they put that homework

in. And if you can give them something that's simple to do... I said simple, but sometimes they're not simple, and sometimes they're something we don't like to doing, is the stuff we need. As always, because that's the stuff that changes our body.

SB: A couple of speakers on our evening broadcast have made the point that, actually, sometimes movement is great just for reminding the patient that they can still move it.

KG: Can move, yeah.

SB: As opposed to rigidly holding it still, because they think it might hurt.

KG: Yes, there is a lot of fear avoidance.

SB: Yes.

KG: I've had this week with two people, and they can move quite well but they seem to think that they have to do it under supervision. And I just think, no. You just need it, you're actually making it worse by limiting your range of movement. So anything where you've got, particularly in the cervical spine because you've got all those wee vertebrae completely different from your lumbar vertebrae, so there is a lot more movement available.

So finish this bit with a little bit of extension, which is the way I like to teach extension, and we're looking for, as much as we can, a little bit of sequential movement, which is quite hard to do, because people tend to just tip their heads up, so they're just moving at one level. So the cues I give in class is, lift your face a little, so look up there, then lift the throat, and then lift the breastbone. Okay, and then bring that back. So, lengthen up there a bit more for me, right.

SB: Run through that once more.

KG: Turn your face up toward the ceiling, now don't move there anymore. Lift this, no you lifted your chin, lift your throat. And then lift your breastbone. You haven't got much movement there, darling.

PH: I know.

KG: I think we might be doing some work later on. And then back again. So if I do it, it's face, throat, breastbone, and then come back.

SB: And you're not in full extension.

KG: And I'm not in full extension, no. But there is a little bit of cervical and upper thoracic, so you don't want to go back so far that you're going

into lumbar extension, particularly with some of my clients. But you don't just want it to be just lift that top C1 C2 junction thing going on. So it's easier cue face, then they can put their fingers on the throat and just lift the throat, and then fingers on their breastbone and just lift the breastbone. And then, yeah, it's a little bit more powerful for them, because we've all got to look up, we've got to get things off shelves and stuff.

SB: Someone has actually sent in a contra-indication to your eyes one way, head the other exercise, and that is: they said, "You'll get arrested, if you do that in traffic."

KG: But I didn't say to do it in traffic. So, at a red light, there are little things you can do, but yes you were probably not going to do that. Sitting at home if you're on the sofa or whatever else, anything that gets a little bit more finer movement in that upper body.

SB: The other question, predictably, is: how many reps are you going to do, or sets if you like, or whatever...?

KG: Five or sixes, or tens... anything that gets them moving gently. I'd prefer if they started with a lower number, and looked at the quality of their movement, and then, hopefully, as their range increases their more inclined to do more. But always thinking about setting yourself in the right position first. Because if you've been there all day, and then you're sitting there, and you're like uh she said to do this. It's not really helping... oh I've got to turn my head. You're just making yourself dizzy. So yeah, slower, smaller movement and look at the quality of it. Always, always, always. And in terms of Pilates, we're there to give them that feedback. I need to do this as much as them, because my life is bending over people on the floor, as is Phil's, and he's much taller than me. So, the more that they start to listen to their body and get that feedback, then they start to correct themselves, which obviously means much greater progress.

Shall we do laying on your back next, please? Thank you.

So, we're going to look at working specifically into the neck a little bit more, and also, again, just being aware of what bits are being where. So something I like to do, particularly with new people, is get them thinking about the occipital. So they've got their head on a cushion, and they can feel that curved part of the skull resting on their cushion, and what I'd like them to do is keep the shoulders nice and relaxed, because it's easy to get tensed up, and the jaw as relaxed as possible as well. And then, I try to get them to think about sliding the back of their head... Don't do too much, just a little. Sliding back, almost like they were trying to lengthen the back of the neck, so the occipital

may start here, and you're trying to scoot it up, and relax, relax, relax, and let go. It's nicer to do it on a breath, so you breath in, and then on the slow gentle exhale you want to think of just sliding it up. There, and again. Just encouraging it to go that way.

Because then when we come to teaching curl-ups, ab curls, whatever you want to call them, you want them thinking not just kruh and crunching their chin into their chest. But getting a more sequential movement, so it's flexion that you're doing, but you're thinking of it in a more sequential way. So again, you can do that in the car, if you've got the back of your skull against your headrest, you can think of trying to stretch it and lengthen it up, at the same time sitting up and all the usual stuff.

SB: If you've got somebody doing this laying down?

KG: Yeah?

SB: I don't think you mentioned this earlier on, is it going to be on the floor? Can it be in their bed?

KG: It's better if it's a slightly firmer surface than a bed. I mean, if their absolutely that bad that they need to lay in bed... then okay.

SB: Well some people might insist that they don't like getting on the floor.

KG: I suppose you could, but sometimes it's just too much give in the mattress, so that's slightly counter productive. If it means that they do something, then lets go with it, but I'd rather they make slightly more effort. It's good to get down on the floor, we fall down there eventually, and we've got to get back there eventually. Okay, so my next little exercise, I call it "Head on a Scale." So you've got your head resting into the cushion and do you do that little scan to check through and see where everything is. Then let the head feel really heavy-

SB: By which you mean, "checking where everything is?"

KG: Yeah. You're just-

SB: Where's your mic?

KG: Oh, my mic. Not having your head chin up, or down, or off to the side, so all the boney bits where... My clients know where the boney bits should be, otherwise they're in serious trouble. So heads resting on a cushion, so imagine your head weighs say 10 pounds. So another breath in and then as you breath out, you lift your head like a gnat's eyebrow and hold. So you're taking the weight of your head, and your

neck muscles are working quite strongly, and then relaxing back down. So it's not a massive movement. So you can feel your head heavy into the cushion, so you're still in touch with the cushion, but you're making slightly less of a dent with it. That's all. So... breathing in... breath out. Hopefully you can see, he's not... Lift right up and do it wrong for me, darling. Yeah. Not there. So you're still in contact with that cushion. Perfect. Then you relax it gently down.

So you're working those neck muscles; we all need our neck muscles to work, at a lot of people do ab curl, "Oh no, it really hurts." So you have to almost educate them how to get things working, what needs to be working, what can switch off a bit, stuff like that. So, one more. You're going to do a little breath in, and then breath out, and lift up ever so gently and slightly, then holding that position turn very slightly from side to side. So turning to the left, coming back to the center, and turning to the right.

SB: Is that very slightly in Pilates pose?

KG: It's a slight lift still. So slightly more than before, but that's it. And again, all the time Phil is turning his head, I want him thinking of lengthening as well. And then come to the center, relax, gently down.

SB: But he's doing pretty much full rotation, not slight rotation like you said.

KG: Okay, more rotation.

SB: Right, okay.

KG: So a slight lift, but more rotation. Because, again, normal movement is to be able to turn our heads from left to right. And some people do all sorts of weird things, to turn around when they've lost that good movement. So anything that helps them get some nice movement patterns back in. And heads are heavy, as we know. I use 5 kilogram medicine ball with all our beginners, and get them to hold it. And that's... you're holding your head, and they go, "What?" And you can feel it when you lift the head, it feels pretty heavy, isn't it? So that's a lot of work for those neck flexors to do. But all you're trying to do is encourage that nice alignment constantly, constantly, constantly. So whether they're stuff standing up or laying down, or on their side, or on their front, whatever it is, it's drilling in all the time-

SB: We just had a very nice observation, I'm just going to drag you back a little bit, from somebody who's watching. I don't know who it is; they haven't given me their name.

KG: They're telling me my postures really bad? [laugh]

SB: No. They said, "But rather than talking in terms of reps, that they choose, they tend to get them to feel where the tension is and continue with the movement for enough repetitions for the tension to start to ease." Which is a really nice way of thinking about it.

KG: Brilliant. I'm going to use that.

SB: And it might be a few reps, but it improves feedback in a ways, which is really nice. Yeah.

KG: Totally.

SB: Someone else has asked about contra-indications, in fact several people have sent in questions about older patients who might get dizzy with the neck extension. Do you have contra-indications or alternatives that you do?

KG: I think, again, if we get feedback to say, "Oo, that makes me feel dizzy," then we try to get more elongation and then maybe much less movement to start to with, and see if we can improve it for them. Because, as we've said, we need to be able to look up. I don't understand all the mechanics of it when you got stuffs a bit compacted or everything is a bit tight, so you've just got to start gently always. And deal with the feedback, and correct, and give them alternatives. And hopefully in time they can get a little bit better, and a little more movement back.

SB: Okay, so a bit of extension might help?

KG: It may work to- the lengthening. Yeah, absolutely. If they've been there for years, you can't then go from there, then give them that one, because it's not going to work. You've got to try to get a little bit of length and strength in. So that means, working the back muscles, working the abdominal muscles, all of that stuff, before you start addressing some of the smaller stuff, if you'd like.

SB: Okay. Well, I don't think Phil's working hard enough; let's do something else with him.

KG: No. Shall we.

PH: Thank you.

KG: I thought we'd do an ab curl. So we've got a ball we can use. Can you whip up, as they say, and then whip back down? So-

PH: So this is an under inflated, squishy ball. Does it matter what the ball is?

KG: No, you could use rolled up towels. So it kind of sits bottom of the shoulder blades, slightly at the bottom, so not too high up. We don't want it too far down. Put your hands behind your head, darling.

SB: We can just see that on the camera; that's fine.

KG: Yeah. So bring your elbows slightly forward, and drop everything back, not too far. Keep going back a bit, darling. There. So, I want Phil to take the weight of his head now, so really let that relax. And you can see when they do, because they stop sort of looking-

SB: So he's taking the weight in his hands.

KG: Yeah, hold your head. Then drop back a bit more, you can go back a bit more. So what you're looking for is the distance between here and here to remain the same. So for this purpose, I don't want any movement in the neck, so particularly if you have a client that says, "I can't do curl-ups; it hurts my neck." The first thing to do, is teach them to do a curl-up without involving their neck. So, breath in, and then on his out breath, all he's going to focus on is ribs to hips. And then inhale, and he can drop back. There. And then breath in again, and breath out, and curl up again. So exhale to come up, inhale to come down. So he can keep letting that all soften and take the weight of his head in his hands. So his neck's relaxed, the shoulders are relaxed, and not going up around your ears. And you can see, he's working quite hard. He's like, "Thanks for that, Karen."

SB: So the point of this exercise is... You better tell him he can relax before I carry on, or he'll just be sitting there shaking.

KG: You can go stretch over there.

SB: Thank you. So the point of this exercise is to show someone who has neck pain that they can still do core exercises.

KG: They can still do core exercises and relax the head and neck, and not feel like they have to miss stuff like that out. And you really get that, sort of just let go. And the more they do it... Oh sorry, don't touch the mic. They more they do it, it has that knock on effect, because usually it's the people that are like that. And then-

PH: What's interesting is when I first started doing Pilates, the Pilates teacher would not let me ab curls because I had neck issues.

KG: Because you had neck issues, yeah. Which is kind of counter productive, really-

SB: Which is actually useful feedback for clinicians, because when patients come in, they've got neck problems, they say, "Yeah, I go to Pilates and they won't let me do the exercises because...." It would be nice to just refer back to this and say, "There are ways without problem."

KG: Yeah.

SB: If somebody comes into my clinic, and they've been going to Pilates, I don't want to correct the Pilates teacher and say, "They're wrong," or anything like that because I don't know enough about Pilates.

KG: No, it's knowing what that person has said, and that's the thing. Again, I have clients that come in and say, "Oh my physician told me not to, my osteopath told me not to do that." And it's like, can you explain why? Then I can work around that, or we can have a dialog.

SB: And we may have said, "Don't do that," because we don't trust the patient to do it safely.

KG: And that gets lost in translation quite often. "Oh I can't do ab curls today, Karen." "Really? Why? Get down on that mat, you're ab curling."

Should we remove that ball? Thank you. And then gently go back down. So now, if we take all the neck lengthening... so lets do an ordinary ab curl, but do it how we often see it; do a really bad one.

SB: Quite often you'll find people will lift their hips, and whack them down to get some wind power.

KG: Oh absolutely, that's a really good one. "I've just had a manicure, I don't want to get my nails wet."

SB: Does she work with you a lot then, Phil?

PH: Clearly.

KG: Honestly, such high maintenance. So loosen-

SB: Someone just sent in here, "Steven, I think you would correct a Pilates teacher." All right, well maybe I'm a bit bullish sometimes.

KG: Sometimes... So, elbows up a little bit, darling. Okay, we're going to start in the same position. So, again, relaxing through the neck and shoulders the best we can, so the first thing to do is get that sense of lengthening of the head and neck up. And then you do a sequential lifting of the head, neck, then the shoulders, then the shoulder

blades. So there's a lot of work focused into here, pausing, and then going gently back down again. But if they get that little sequence right, you almost want to feel each little vertebrae coming up and forward, up and forward, up and forward. Without the chin on the chest, or throwing the head back, or doing the pelvic tilting stuff, and all of those things. So that should be a nice curl-up, and the more they get that position, then they're getting the head and neck working as they're supposed to.

And then you get that stronger, and you can move on to the dynamic Pilates exercises, where the head is unsupported in space with single leg stretch, double leg stretch, stuff like that. Where your arms are going to be moving to legs, or reaching out and around, and in. In which case, you've got to be able to hold your head in place. Another thing to think about is for your eye line to down towards your cheekbones, so you're looking down, and you're getting that nice length through. So he's actually getting up to quite a good height there. Now if you reach your arms forward as if you were going into single leg stretch. See that is a much nicer position.

SB: I can see he's enjoying it.

KG: He's simply not enjoying it that much, but at least there's a decent line up there.

PH: And you might notice, there's no stress in the neck.

KG: No, because he's learned how, and that's the important thing. Yes, there's lots in there. Could bounce a medicine ball on that. Relax down, darling. Thank you.

SB: And the medicine ball wouldn't feel a thing.

KG: No, it would just bounce. When you get all of those ducks in a row, all of the building blocks, whatever you want to call it, then that's how you progress a client nicely. Even if they've come in with dodgy necks and stuff like that, so. Okay. Should we do on your front now?

PH: Yes.

KG: So roll over.

SB: So I said we could take the nose hole out of this when you put it on his front and you said no.

KG: No, because they won't have that at home. So, you know?

SB: Good thinking. Train with what you've got.

KG: Exactly. They won't have a couch at home they can drop their head in. So on the front, we do work a lot with mid back stuff, and relaxing upper traps. Because a lot of the neck and shoulder stuff is because of that, because that's what we do. If we worked our pelvic floors as much as we work our upper trapezius, I've said many times, Tenor Lady would be out of business. But I'll keep my shares for now, because they may keep me in my old age while everyone is still incontinent.

SB: I'm sorry, I'd love to know what you're talking about...because I know I would like it.

KG: Straight over. Okay, you get Tenor Men as well.

SB: Not yet. Thank goodness.

KG: No, you can buy them, which is quite depressing, isn't it? So here, I'm going to get Phil working in the back a little bit. It's a nice way of getting people to learn how to switch this off. Can you do the diamond press, but do it really badly for me? Oh, that's just horrendous.

PH: Well you did say...

KG: I did say...

SB: So a diamond press is effectively the shape of the press? Do you know why-

KG: No, the diamond is finger and thumb like that, and your forehead resting down on there.

SB: -in the middle of the diamond. Yup.

KG: Yeah. So, lovely. So then, my usual cue is here we need to look at lumbar extension, because it all tips forward. So I always cue, pubic bone into the mat and just lift the hip bones very slightly. And then maintain that with a bit of pelvic floor contraction and pulling up the belly, just a little bit. [inaudible] So just a bit, you may as well while you're there. Then, draw the shoulder blades slightly down and together, and again we don't want them just round back, it's just a little bit there. Then, if I put my hand here, then lift your nose up just the tiniest bit. So my favorite cue here is: just imagine your nose is just resting on a Lindor chocolate truffle, because they are really nice. And you just nudge your nose forward as if you're going to roll it forward. And then Phil starts to lift his head, and you're going to keep that lengthening, and lift the neck, lift the breastbone, lift the ribs slightly; perfect. Then really soften here, actually he's pretty good, he

doesn't need to. And then, lower gently down, and think of lengthening away.

SB: Where is the work being done here? Is he using his arms at all?

KG: No.

SB: So it's not a press up in the sense that many might think of diamond press ups.

KG: No, he could do it without his arms. Actually, yeah, do it that way; that's lovely, darling. So all I want Phil to think about is the tailbone going in one direction, and the crown of the head going in the other, and the shoulder blades going down toward the waist, just gently. And that is as much as you want to do, and then lengthening down.

SB: Remind us of the purpose of doing these again? You said it was to soften the muscle of the trapezius, the upper traps.

KG: To just get people to learn to let go there. Phil's doing it really well because he's got years of training, so he knows what he's supposed to do. But Mr. Joe Public and Mrs. Joe Public, when they come in, they're all over the shop. Yeah, do it badly again. And you've got eight people in a room, and you've got to get around, and get hands on with all of them, and really trying to keep getting them to understand where it needs to be.

KG: But it's also working the middle of the back, a lot of people are obsessed with, "I need a six pack," and you need this bit as well. So you've got the stuff in the front, and the stuff in the back all need to work together.

SB: Phil, would you like to sit up? You look a bit uncomfortable there.

KG: Your water, darling.

SB: We've got a whole load of things there.

KG: Yup.

SB: Obviously, we're going to put the recording up, so people will be able to see them again. And we'll put up a transcript and some pictures in that so, people can see the exercises. In terms of someone who comes to their Osteopath, their Chiropractor, with a barely moveable neck, and we've done our stuff with it, the key ones would be the first mobility ones, which are very similar to what we would do instinctively.

KG: Yes.

SB: Maybe with a bit of added...

KG: A bit of added posture. And I think that's the key: the posture. Always, always, always.

SB: Because I think one of the problems we have is patient compliance with exercises. Where as if they come to a class, they're going to do them.

KG: Yes. It's that once a week, hands on and input, that you're just drilling in constantly.

SB: And I suppose the other thing too is, if we've got patients who are going to Pilates, based on what you're telling us, we've got a little bit of knowledge to say, "Well could you suggest this to your Pilates teacher?" "Or maybe this diamond press would help with this..."

KG: Yeah. I would say, write it down, even if it's on the back of the fact packet. If they can hand that to their teacher, because things get lost in translation. You need to work on your abs, suddenly becomes, "Oh, they said I must not do anything with my abs." Really? So yeah, write it down, and be absolutely specific. Then a decent Pilates teacher can build that in, which we can do easily.

SB: Phil, thanks for being a very patient model, and very good at the job, I must say.

PH: Thank you.

SB: Karen, great to have you back in again.

KG: Pleasure.

SB: Next one's in a couple weeks time, I think. We have a particular injury area we're going to focus on?

KG: No we don't.

SB: But I should point out to you before we go, that Karen sells herself short a little bit, she said earlier, "Oh, don't talk to me about anatomy, because I'm only a Pilates instructor." She's a flipping good Pilates instructor, and some people have asked where you practice, so they can send people to you. Northants Pilates is your...

KG: Yeah, I'm Northants Pilates, so I'm Northampton, here in sunny Rushden, Kettering, and Molten. And Phil, is down on Isle of Portland.

PH: Isle of Portland. The Royal Manor.

SB: Phil Hayward, if we look that up in Portland would people find your practice?

PH: Not yet, because I'm just about to set it up. But if they contacted Karen, Karen would...

SB: So there are two places you can go for Pilates. And that's all we have time for this lunchtime.