Therapeutic Applications of Pilates and Gyrotonic

CASE STUDIES:
~Scoliosis: Pediatric and Post Fusion ~
~Breast Cancer/Post Mastectomy~
TEAM PILATES is an Educational Training site for Pilates Certifications and a Continuing Education Provider for the Pacific Northwest.

Pilates Method is a whole body approach that assesses movement patterns from the spinal column outward.
The Pilates Method was created by Joseph Pilates back in the World War I era. Pilates takes its name from Joseph Pilates. A German-born emigré to Britain and then America, he devised the Pilates method as a new approach to exercise and body-conditioning in the early decades of the last century. His method included the use of equipment referred to by him as: *apparatus*. Perhaps the best known piece of equipment, is the Pilates reformer.
Gyrotonic Expansion Method

About

The GYROTONIC EXPANSION SYSTEM® Method is a unique, holistic approach to movement. Some of the benefits of a regular Gyrotonic practice include a healthier, more supple spine, increased range of motion, greater joint stability, improved agility and athletic performance, and a deep internal strength. Experienced Gyrotonic trainers offer personalized sessions that are adapted to fit the needs of all ages, and abilities, from elderly patients recovering from injury, to highly skilled professional athletes.
Why does it work…
The “Righting” Reflex

The righting reflex, also known as the labyrinthine righting reflex, is a reflex that corrects the orientation of the body when it is taken out of its normal upright position. It is initiated by the vestibular system, which detects the body is not erect.

The body is always trying to “right” itself, thusly when it recognizes a postural deviation such as Scoliosis, it is continually working to come back to a more balanced “centered” state. Thusly, muscle discrepancies occur as certain muscles begin to overwork and become tight, conversely others become loose and weak, essentially forgetting their job.
Scoliosis: Pediatric

Pediatric Scoliosis: This group of individuals have an enormous advantage due to the nature of their young systems. They are easily “moldable” enabling them to become educated on their specific rotational patterns and scoliotic curves. Once they are cognitively aware of their specific issues, it becomes a matter of educating them on the postural stances and movement patterns that enhance their curves and those that bring them into a more balanced state.

Our youngest current Pediatric Scoliotic is 3 years old. Summer Sandstrom is our case today, she came to TEAM PILATES three years ago at the age of 13.
Protocol for Scoliosis

CASE STUDY #1: Scoliosis
Spinal De-Rotation
Facet Joint alignment
General ROM in Spinal Column
Postural and Gait Re-education
Summer Sandstrom
Pediatric Scoliosis Treatment Video
Spinal awareness and education: re-education of the postural muscle system on the convex side of the scoliotic curve.
Spinal curvature education via scapular stability and cross pattern movements.
Educating the patient is key. They need to understand their individual curves and rotational patterns.
The approaches we take in Therapeutic Pilates and GYROTONIC reach a vast group of individuals ranging in ages and diagnoses.
Scoliosis: Post Fusion

Post Fusion and Rod Placement: we work with patients who have had spinal surgery (Spinal Fusions, Harrington Rods, etc.) to fix their scoliotic curves. This group of individuals still experience the same muscular pain associated with their previous scoliotic curves. Now that the spinal column is straighter, they need to work on continued ROM to facilitate education of the surrounding muscle systems. Their bodies still have the same muscles available post surgery, but the nervous system needs to be reminded of how to utilize these muscles with the new changes that occurred in the body.
CASE STUDY#2: Breast Cancer Post Mastectomy
- Fascial Release through movement
- Relaxation of Fight or Flight Mechanisms
- Re-education of Movement Patterns
Diagnosis: Right breast: invasive ductal carcinoma, grade 3, longest tumor focus 13 mm, triple negative, Ki-67 of 82%

Dates of Surgery:
Breast Biopsy – June 1, 2016
Sentinel Node Biopsy – July 18, 2016
Simple Mastectomy of Right Breast – January 11, 2017
Transflap Breast Reconstruction Surgery – January 18, 2017
Reconstruction Adjustment Surgery – August 21, 2017
Chemotherapy: All during 2016 – July 27; August 11, 24; September 7, 21, 28; October 5, 12, 19, 26; November 2, 9, 14, 23, 30; December 7, 14, 21.

Physical Therapy:
ROM of right arm specifically right scapular region.
Lymphatic massage. Scar Tissue release.
Progressive Home Exercise Plan.
Patricia’s Testimonial:

How do I live with my new “body post Chemotherapy and Mastectomy?
Fight or Flight and Rehabilitation

GYROTONIC TOWER WORK

Fight or Flight Mechanism
Shoulder Girdle and Neck Pain
Breath Patterns
Scapular mobility with added rotation for right sided awareness and scar tissue release through movement.
Working Around the Pelvic Floor

Breaking the silence of abuse was and still is one of the hardest parts of healing for me.

I wanted to die when I was eight, that wish/hope is what has been pulling me since I started remembering the abuse years ago. I don’t feel attached to my life, give it much value.

In the Initial Consultation and first 3 months of therapeutic sessions, twice per week, we did not know that Alison had sexual abuse in her background. We approached the work with her as a typical post rehab hip replacement, working on the release of the psoas and deep iliacus, and engagement of the pelvic floor and deeper glutes and external rotators for stability. This was NOT working...minimal progress was occurring and pain levels remained high.

My relationship with pain has changed so much since the car accident. My tolerance for any pain is lower, even the pain from Pilates that is good...I find myself worried that something is wrong with me.

The breath patterns have now changed to exertion on the inhalation, to allow a release of Alison’s fight or flight mechanism and to utilize her deeper spinal extensor during initial movement patterns. Enabling the diaphragm to fill the thoracic and pelvic cavity and naturally engage the pelvic floor without force or even conscious awareness.

Emotionally, I think I am failing, that something is wrong with me or that I deserve it. I struggle with my use of opioids and believe that if I could suck it up more and just push through, I would not have to take them anymore.

Comparing herself to the progress of others around her has been a constant struggle for Alison, and anyone with Chronic Pain.

I noticed the Team Pilates studio and drove past it on a regular basis for about 2 years.

Medical History:
1989: C-section
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1993: Hysterectomy, Rt. Ovary removed
1997: Gall bladder removal
2004: CAR ACCIDENT
2006: Repair torn labrum on my Rt. Hip
2007: Core decompression
2008: Hip replacement
2010: Capsule clean up and exploratory surgery within the right hip joint
2013: Partial revision Rt. Hip replacement

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Alison shared her story with me around the third month of our sessions together. This changed everything. Our approach became focused on how to avoid placing Alison into an "unsafe" situation and throwing her into fight or flight mode.

The groin pain reminds me of the abuse and sets up my fight or flight response, which means I am living most of my life in that mode.

"Mirroring” has been the biggest discovery we have made during this process. Giving Alison the ability to not feel as though she is on display.

TEAM Pilates Barre & Yoga
www.team-pilates.com