



Fitness
Pilates

For Older Adults



**With Rachel Holmes &
Kelly Reed-Banks**



Fitness Pilates for the Older Adult

Fitness Pilates for the Older Adult

**With Rachel Holmes &
Kelly Reed-Banks**



Welcome to Fitness Pilates for the Older Adult

Fitness Pilates has always appealed to the older client due to the fact that it is so diverse and we incorporate standing Fitness Pilates as well as functional movement patterns. So, no matter what age you are, Fitness Pilates is beneficial for ALL!

There are however some considerations to take into account when training older adults in Fitness Pilates which is why we have put this section together to help aid the advanced instructor and health care coach.

At Choreography To Go we recognise that age is nothing but a number so this may not apply to all your clients. It is down to you as the pro-active instructor to fully screen your clients and make sure you are adapting to the information they give you.

First of all let's look at the benefits to both you as the instructor and the older client:

According to the National Institute of Health (NIH), exercise and physical activity are some of the best things older adults can do to stay healthy. Even moderate exercise can improve the health of those who are frail or who have age-related diseases.

Some seniors are concerned that physical activity or exercise may be too strenuous or may do them more harm than good. In fact, it's an inactive lifestyle that proves to do more harm than exercise does.

Without physical activity, older people tend to grow weaker in four areas important for staying healthy and independent: strength, balance, flexibility, and endurance.

Running specialised classes for the older adult will help them:

- Increasing strength and endurance making it easier to climb stairs and carry groceries.
- Improving balance helps prevent falls.
- Being more flexible may speed recovery from injuries.

Exercising regularly can also have a positive impact on the immune system, blood pressure, cardiovascular system and it can decrease the risk of heart disease and help with depression or anxiety.

Age is simply nothing more than a number and adults who exercise on a regular basis generally live longer and have a better outlook on life.

Your Fitness Pilates classes will become a social event and an important part of their weekly routine. You may wish to run other social events that coincide with your classes like coffee mornings and luncheons?

Whatever you decide to do, these classes will be your most rewarding as the improvements you'll see will be endless and the satisfaction you will gain from teaching these classes is priceless.

HEALTH & SAFETY

Here are some basic guidelines for exercising with older adults:

- Do include a wide variety of standing moves which incorporate balance, co-ordination & reaction time
- Do slow your moves down so that your older adults can move easily into them
- Do include some upper body strength work either with bands or weights if standing, or if they can come to the floor, press ups
- Do include functional moves that will help them with everyday tasks like sit to stand & movements coming up and down from the floor if possible
- Do work on flexibility of the spine as this is reduced as we get older - use standing back extension where possible
- Do use the wall and a chair if necessary to help aid your participants
- Do use sequences but make sure they are taught at correct pace
- Do Par-Q and verbally screen your older adults more frequently & spend time with them finding out their goals for coming to class
- Do make your classes fun & enjoyable for them and emphasis the social aspect of the class
- Avoid holding isometric contractions for long periods of time like the planks as this will increase blood pressure.
- Avoid rolling on the spine, eg sit ups or half/full roll back as if they have Osteoporosis these moves can cause fractures of the spine - use a mini ball behind them for half roll backs instead
- Avoid lots of kneeling/on all fours work as this can be uncomfortable on joints if they suffer with Arthritis.

- Avoid head over legs as this will increase blood pressure
- Avoid exercising in one position for a long period of time eg lying supine. Try to keep the class flowing and moving as much as possible.

Many of your older clients may suffer orthopaedic & other health conditions, so in this next section we are going to recap over the most common to make sure you have all the information you require at hand.

Arthritis

The term arthritis means inflammation of one or more of the joints. There are more than 100 different forms of arthritis, but we will look at the two most common forms which are osteoarthritis and rheumatoid arthritis that affect older clients.

Arthritis is a very common condition and a leading cause of disability affecting approximately 10 million people in the UK alone.

The main symptoms of arthritis include, pain, stiffness, restricted movement of the joints, inflammation and swelling, and warmth and redness of the skin over the joint. It can also result in muscle weakness and fatigue.

What is osteoarthritis?

Osteoarthritis is a progressive, degenerative disease of the synovial joints in which the articular cartilage becomes pitted, rough and brittle and is gradually lost.

Underlying bone thickens and broadens: As the cartilage deteriorates, the underlying bone thickens and broadens to reduce the load on the cartilage.

The ends of the bones become exposed and bony spurs are formed at the outer edges of the joint. This gives the joint a knobbly appearance and reduces the cavity in the joint space, which restricts joint movement.

Causes of osteoarthritis

Although the precise cause of osteoarthritis is unclear there are a number of factors which contribute to its development. These allow it to be categorised into two basic types:

1. Primary osteoarthritis
2. Secondary osteoarthritis

What is the difference between primary and secondary osteoarthritis?

- Primary osteoarthritis is associated with the normal wear and tear of ageing.
- Secondary osteoarthritis is associated with injury, obesity, hereditary or other causes.

Although osteoarthritis can develop at any time, age tends to be the strongest predictor of osteoarthritis as it usually develops in people over 50 years of age which is why we have covered it within our Fitness Pilates for Older Adults.

However, younger people can also be affected by osteoarthritis, often as a result of an injury or other joint condition.

osteoarthritis is more common among women than men.

What is rheumatoid arthritis?

Rheumatoid arthritis is an autoimmune disease in which the body's immune system attacks its own tissue. The affected tissue in this case is the cartilage and the synovial membranes of the joints.

Rheumatoid arthritis is characterised by inflammation of the joints which causes swelling, pain and loss of function.

The primary symptom of rheumatoid arthritis is inflammation of the synovial membrane. If ignored or left untreated, the synovial membrane thickens, leading to an accumulation of fluid. The increased pressure within the joint leads to pain, discomfort and localised tenderness.

When the cartilage has been destroyed, fibrous tissue joins the exposed bone ends. The fibrous tissue then ossifies, creating an immovable joint. It's the growth of the granulation tissue that leads to the distortion of the fingers that is commonly seen in people with rheumatoid arthritis.

Joints affected

A major distinction between the two main types of arthritis is that rheumatoid arthritis first affects the small joints, whereas osteoarthritis first affects the large joints. Rheumatoid arthritis initially affects the joints of the fingers, wrists, feet and ankles.



Fitness Pilates for the Older Adult

It may progress to the hips, knees, shoulders and neck. It primarily affects the skeletal system bilaterally or symmetrically. For example if rheumatoid arthritis starts to affect the right wrist, it's more than likely to affect the left wrist at some stage too, but not necessarily to the same degree.

Causes of rheumatoid arthritis

Although the precise cause of rheumatoid arthritis is not understood, it is associated with higher than normal levels of the antibody rheumatoid factor and so is referred to as an autoimmune disease. The immune system sends antibodies to the lining of the joints where instead of attacking harmful bacteria, they attack the tissue surrounding the joint. Although it can occur at any age, it's most common between the ages of 30 and 50, and again, women are three times more likely to be affected by the condition than men. This may be due to the effects of oestrogen which research has suggested could be involved in the development and progression of the condition.

Treatment and management of arthritis

There is no cure for arthritis, but there are a number of treatments and lifestyle changes that may help to slow the progress of the disease and manage its symptoms.

Exercise and Arthritis

Clients with arthritis are often reluctant to exercise thinking it will damage their joints further. However, joints are designed to be moved and so in reality, inactivity can be more problematic as it will cause the muscles and surrounding tissues to become weak.

Benefits of exercise:

- Improve muscle strength and endurance
- Reduce stiffness and improve flexibility
- Reduce pain
- Manage body weight which, in turn, can reduce the stress placed on joints
- Improve balance and proprioception
- Improve well-being

Fitness Pilates exercises for Arthritis

The hip and knee are the most commonly affected sites. Here are some Fitness Pilates exercises that will specifically help to strengthen, stretch and mobilise the hip and knee joints.



Fitness Pilates for the Older Adult

Stretches for the hamstrings, hip flexors, quads, abductors, adductors, glutes, and calves are also suitable:

- Knee Drop
- Leg Slide
- Scissors
- Swimming - prone and 4-point kneeling
- Swim leg - single and double
- Hamstring Curls (as in adapted One Leg Kick with the chest on floor, a slow speed and without a pulse)
- Shoulder Bridge
- Glute Strengthener with bent knee
- Side Lying Series
- Table Top Tap downs
- One Leg Circle

Considerations when planning the class

This section focuses on exercise considerations for the hip and the knee joints. This is because these are the most commonly affected joints you will come across and are the joints most exercised in Fitness Pilates. However, the principles outlined can be applied to other joints.

Clients should consult their GP prior to taking part in an exercise programme and you need to follow any guidelines provided by their health professional which may differ from the recommendations given in certification.

Use props: You must be aware of the extent of your client's pain and disability. Exercises will need to be modified to account for this and you will need to use props such as Pilates pillows, yoga blocks and towels to create comfortable, correctly aligned start positions.

Adapt exercises: Painful joints may prevent a client from adopting certain positions. For example, 4-point kneeling may be inappropriate for clients with arthritis in the knees, wrists or hands. This will impact on a number of exercises such as Push Up, Planks, Cat Stretch and Superman. You'll need to adapt these exercises to prone lying or give an alternative.



Fitness Pilates for the Older Adult

Advice on progressions: Progression of the exercises and whether your client is ready to perform the other Fitness Pilates exercises in the original mat repertoire will depend on:

- Their ability to maintain correct alignment
- Their ability to perform the exercises with good core strength and stability
- Pain and movement limitations, and
- Guidelines provided by their health professional

Here are some other exercise considerations when working with arthritic clients.

Progressive warm up: Start with an appropriate warm up of smaller range movements and ease into the main exercises gently, increasing range of movement and intensity gradually.

Increase range of movement: Gradually progress range of movement to work up to the client's normal pain-free range.

Use warm-up moves that create a rehearsal effect for the main exercises to follow. For example - circle the leg on the floor in preparation for 1 Leg Circle in the main session.

Avoid painful movements: Avoid painful movement and pain above the client's normal joint pain.

Stop if swelling develops: The client should stop exercising if swelling or heat develops.

No pain two hours post-exercise: Clients may experience some post-exercise discomfort which is normal. However if this lasts for more than two hours then it is a good indication that they are trying to do too much.

Don't exercise on swollen or painful joints: Clients with rheumatoid arthritis should not exercise swollen or sore joints. They should seek their GP's advice on exercising during a flare-up, though generally clients listen to their own body and can keep doing gentle mobility exercise. They should also avoid overexertion and becoming fatigued.

Exercise in the morning: Many clients with osteoarthritis and rheumatoid arthritis are at their least painful in the morning after they have moved around a little and so would benefit from exercising at this time if possible.

Seek medical advice: If a client experiences new pain or if you are unsure, refer them for medical advice.

Osteoporosis

Osteoporosis is a condition that affects the bones. It causes them to become weak and fragile and more likely to fracture from a minor fall or, in serious cases, from a simple action such as a sneeze. Approximately three million people in the UK are thought to have osteoporosis, and there are over 230,000 fractures every year as a result.

Osteoporosis can be life-threatening. There are 89,000 hip fractures every year in the UK. Ten percent of patients die within one month of their injury. Thirty percent die within a year. The vast majority of these broken bones will have been the result of a fall.

It is more common in women than men. One in two women and one in five men will suffer a fracture at some point after the age of 50, mainly because of poor bone health. The disease is therefore more commonly associated with post-menopausal women, but can also affect men, younger women and children.

Osteopenia and osteoporosis

In normal circumstances, there is a balance between the rate at which new bone is laid down, known as deposition, and the rate at which normal breakdown or resorption, of bone occurs. As people grow older, this balance between the rate of bone deposition and bone resorption starts to tip.

Beginning in middle age, existing bone cells are reabsorbed by the body faster than new bone is made. Bones naturally become thinner and there is an overall reduction in bone mass which is referred to as 'osteopenia'.

Osteopenia is diagnosed by performing a DEXA scan which is a special x-ray that measures bone mineral density.

Osteoporosis: Once low bone mass becomes severe enough to result in fractures from minimal trauma, such as a fall from standing height, it then becomes defined as osteoporosis.

Osteoporosis is literally a condition of porous bones and the deterioration of the structure of the bone. It involves a more severe loss of bone mass than associated with osteopenia.

Treatment and management of osteoporosis

Treatment involves a number of options depending on individual circumstances. These include:

- Prescription medication or injection to inhibit osteoclasts which are responsible for breaking down old bone
- Hormone replacement therapy
- Reducing lifestyle factors that may contribute to a reduction in bone density, such as smoking
- Consuming sufficient amounts of calcium and vitamin D and
- Performing appropriate exercise

As prevention is better than cure, it's preferable for a client to consume a diet with adequate calcium and to participate in appropriate exercise during their early years to maximise bone density, rather than having to take medication and supplements when they are older. Unfortunately, dairy products in the UK today have very limited Calcium in them so it is vital that client's diets include a wide variety of green leafy vegetables.

Exercise and osteoporosis

The higher the loss of bone density, the higher the risk of spontaneous vertebral fractures so as a Pilates instructor you need to understand the degree of your client's bone density loss and what this means for them

Exercise is important in the prevention and management of osteoporosis. It will help to:

- Increase muscle strength
- Improve balance
- Reduce the risk of falls
- Minimise bone loss



Fitness Pilates for the Older Adult

After leaving hospital clients need to regain movement and improve their strength. They may attend a regular exercise session as an outpatient or be given a home exercise programme delivered by a physiotherapist. It can take up to three months before clients can resume normal activities and up to one year to feel fully active again.

Fitness Pilates exercise considerations

The rehabilitation process depends on the individual client and the type of joint replacement. Different surgical procedures have differences in their rehabilitation protocols and one client may respond and recover very differently from another, even if they have had the same type of operation.

As a Fitness Pilates instructor, you'll need to follow the guidance of your client's physiotherapist or surgeon. This will change during their recovery as your client regains movement and strength. The health professional should provide information on your client's needs, their restrictions and their recommended range of movement.

Previous Fitness Pilates experience

Although you should consider if your client has previous Fitness Pilates experience or is a complete beginner, it is more important to adapt and modify exercises based on your client's uniqueness and their post-operative timeline. Depending on the client and your experience as an instructor it may be more suitable to see them on a one-to-one basis rather than in a mixed class.

Specific precautions for hip arthroplasty

Unless otherwise directed by your client's physiotherapist or surgeon the following information gives precautions and exercise recommendations for posterior and anterior, direct lateral and anterolateral surgical procedures at various post-operative timelines.

It is unlikely you will see a client within this period as the list of things they cannot do will prevent them from being able to get onto the floor. It usually takes a minimum of six weeks for initial healing to take place.

The first six weeks

You should therefore note that in this immediate post-operative period there are several things your client should not do with their newly operated leg.

From six weeks to six months and beyond



Fitness Pilates for the Older Adult

It usually takes about three months for a hip replacement to heal fully. The following guidelines are for up to one year, but remember there may be variations depending on the type of surgery, the surgeon's post-op protocols and the individual. Do not push clients. Ensure they exercise as tolerated - meaning within their limit of pain and range of movement.

Crossing the midline (as in adduction past neutral) should be limited to no more than 20 degrees for up to six months and then as tolerated.

From six weeks to six months and beyond - rotation

Internal rotation should be limited to no more than 20 degrees with the knee flexed for up to six months and then 30 degrees for beyond. External rotation should be no more than 30 degrees with the hip flexed but avoid a combination of external rotation and extension of the hip.

Extremes of internal and external rotation in a weight bearing position should be avoided such as twisting with the feet on the ground to turn around and face a different direction.

From six weeks to six months and beyond - hip flexion

Hip flexion can be increased to 90 and 100 degrees for up to three months. Then progress to 110 degrees by six months and 115 degrees from six months and beyond, as tolerated. Remember, that patients with moderate to severe arthritis will still have a limited range of movement. Please note that clients may still struggle to get onto the floor for up to three months. If you are seeing a client on a one-to-one basis they may be able to exercise in a sitting position or on a raised platform.

Clients able to attend a class

If you have a client who is three months or more post-op and is able to get on and off the floor then they are likely to be sufficiently able to attend a class. If this is the case then you can progress through the Pilates mat exercises as normal. Make sure you follow the guidance given in this lesson and that of the physiotherapist or surgeon.

Knee replacement guidelines

Knee replacement operations generally take about six weeks for the initial healing to take place with healing continuing for up to three months. As with



Fitness Pilates for the Older Adult

hip replacements recovery can be different between one person and the next. Certainly the range of movement your client had pre-op will determine the amount they regain post-op. If they had very poor mobility before the operation they may struggle to get full mobility after it.

It is unlikely you will see a client within the first six weeks of their operation. Clients will be given rehabilitation exercises from their physiotherapist based on the surgeon's protocols and these should be taken into account. From six weeks on, unless otherwise stated by the health professional, your clients should be able to move their knee as tolerated.

The main contraindication is not to pivot on planted feet into extreme ranges of internal and external rotation, especially when moving in the direction of the operated leg. For example, do not twist to the right on a right knee replacement. Pick up the feet and take small steps to turn around.

From six weeks to three months

Unless otherwise directed by your client's physiotherapist or surgeon the following are exercise suggestions from six weeks to three months:

- Quad Contractions
- Glute Bracing with Swim leg

Start with basic levels of:

- One Leg Circle
- One Leg Slide/ stretch
- Tap Downs
- Spine Stretch
- Swan Dive
- Shoulder Bridge
- Clam and Side Lying Series



Fitness Pilates for the Older Adult

- Single knee drop

Suggested exercises - three months to six months

You can follow all the previous exercises and progress through fundamental to improver levels where appropriate. Remember that some clients may have difficulty kneeling for some time after the operation. You can also use:

- Spine Twist
- Swimming (can be done kneeling)
- Half Roll Back (using ball or bands)
- Rolling Back
- Knee Rolling

Suggested exercises - six months and beyond

You can follow all the previous exercises and progress through fundamental to improver levels where appropriate. In addition:

- Leg Pull/ Plank
- Push Up

Please note that the knee replacement guidelines and exercise suggestions given in this section may well differ from the guidelines given by the physiotherapist or surgeon. Remember, you will need to modify, adapt and progress the exercises based on the individual client and the health professionals' guidance.

Obviously every individual is different, so please get the participant to consult their GP if they have injuries or illnesses you need to take into account whilst teaching them and also there is a lot more detailed information in our Advanced courses on Orthopaedic Conditions and Back Care.

TEACHING TIPS

Programme Design - know your participants. In many of the standard fitness programmes offered in clubs today, the class descriptions are so specific that participants know what to expect before they enter the room. Make sure this is the case for your community classes to.



Fitness Pilates for the Older Adult

- Find out what types of exercise they do and don't like.
- Determine what they hope to gain from the class.
- **Stay flexible**; be ready to change or modify moves.
- Be aware of goals not related to physical conditioning; **social interaction is an important desire** for many participants.
- **Keep It Safe and Simple (KISS)**: You can provide a great workout just by walking in squares, triangles, circles, lines and squares. Basic moves work well in this format and help with injury prevention.
- Think “Good, Better, Best”; the best movement choice is one that everyone can perform well and that is easy on the joints. And **be careful about sudden direction changes** so that you decrease the potential for falls.
- Plan for longevity; this group of loyal participants will stay with you for years, so plan moves they can perform and perfect for years to come.
- Incorporate exercises that mimic or assist with the activities of daily living; for example, squats help people get in and out of chairs.
- **Ask for feedback** from the group.
- Remember improved health is always the goal.

MOVEMENT & CUING

Most of your older participants will probably attend your classes because they want to feel better and enhance their quality of life. They want functional Fitness Pilates, not fashionable Fitness Pilates. **Teach movement with meaning**, such as stretching and reaching up to increase the ability to get something off the top shelf!

- Explain why a move is relevant, and describe its purpose.
- Use the **warm-up as a rehearsal** for moves that will be used later in the class.
- Build from basic moves and do gradual progressions.



Fitness Pilates for the Older Adult

- Pay attention to changes in direction, rhythm, tempo, balance, volume, complexity and plane of each Fitness Pilates movement - this doesn't mean you cannot do them - yes you absolutely can! But teach them clearly & with safety.
- Suggest simple modifications or default moves, such as shell stretch to always come back into any time they need.
- Use movement patterns that reinforce agility, balance and stability.
- Take advantage of repetition to reinforce muscle memory and create a comfort zone.
- Occasionally introduce a challenging move, but be sure to label it as such first and give participants permission to opt out.
- **Cue both visually and verbally;** people may have visual or auditory difficulties.
- If it's not too confusing for your participants, **face them**. This helps those who may be lip-reading. It also alleviates the effects of extraneous noise.
- **Keep verbal cues short and concise.**
- Assess the room's physical setup. How will posts, doors, equipment and size affect your participants' ability to move safely?
- **Help people find the right spots in the room.** For example, someone who wears bifocals may need to be directly in front of you so she isn't constantly trying to shift focus, whereas a person with a hearing aid may need to stand away from the speakers. Also, someone who gets hot easily might be best off by the fan.

MOTIVATION & COMMUNICATION

How you communicate with your older participants helps determine whether they continue with your class, but their reasons for initially attending can differ significantly from those of other age groups.

This population tends to be motivated by four factors: **Prevention, Control, Reversal and Participation.**



Fitness Pilates for the Older Adult

- Look for underlying social needs that may not have been articulated.
- Say your name and learn participants' names.
- Notice and comment on progress of any sort.
- Be sincere, enthusiastic, caring and compassionate.
- Have a sense of humour.
- Act in a trustworthy manner so that you gain participants trust.
- Respect participants' physical limitations.
- Dedicate portions of the class to members' specific concerns. For instance, tell participants, "Today we'll focus on shoulder mobility for a few minutes because Rosie is saying her shoulders are tight."
- Make eye contact with each participant at some point during class.

MUSIC

Volume and selection are the biggest issues when selecting and playing music for older-adult Fitness Pilates classes. If the music and you are competing for attention then turn the sound down or off. Using a mic will not improve the situation, especially for people with hearing aids.

- Ask about music preferences and favourite singers/songs.
- Buy professionally mixed music that targets this age group.
- Ask at the start of class and every time you change selections if the music volume is okay.
- If you turn on a cooling fan or air conditioning, check the music volume again.
- Consider using a slower beats per minute than you use in standard class formats.

INDIVIDUAL TOUCHES

Every participant (and instructor) has things they prefer, but **one essential personal touch is to learn students' names**. And depending on style, hugs or a hand on the shoulder may be welcome, especially as it may be the only human



contact of the day for that student.

Fitness Pilates Choreography ideas

Seated Fitness Pilates

Some of your less able participants or groups may require the whole class to be seated so here we have included choreography ideas for this clientele.

Warm Up ideas -

Sit tall in chair, using postural muscles rather than slouching

Heel / Toe points on 1 leg then take it to a rotation both ways, swap legs

Neck mobility - take head forward and gently look up - rotate from side to side

Shoulder lifts up and down and forwards and back

Shoulder Rolls with hands on shoulders, then increase to full arm - perform both ways

Alternating arm reaches to ceiling, side and over head

Arms reach back on a diagonal (grab your seat belt)

Circle arm in (put your jacket on)

Reach down to your feet - opposite arm to foot and then same arm same foot or to knee if forward flexion is not appropriate.

Reach back at shoulder height, reach back behind chair, reach to side of chair (grab the remote) and then over head to side - repeat both arms

Alternating knee lift - no arms, add in opposite arm to knee and then same arm to knee, reach hands up with a knee lift

Knee lift - single single, double

Leg brush forward and to side - with or without arms

Leg Brush forward - single single, double

Repeat everything with Mini Balls in hands and behind back to engage abdominals

Main Exercises

Not all Fitness Pilates exercise can be performed seated but a good variety can be adapted.

Superman - performed with either mini ball behind back to engage abdominals, reach opposite hand to knee - with knee lift then extend hand



Fitness Pilates for the Older Adult

above head and foot out in front or to side. This could also be performed with ball under stationary foot to create more instability or in moving hand.

Thread like a needle - Sit forward on chair and place one hand on knee, lace other hand through like a needle - complete 4-8 on each side before swapping. Can be performed with mini ball in between knees for pelvic floor work.

VW - Sit tall in the chair and have mini ball either behind back, in between knees or under feet, Pull arms from V position into W position - use band in hands to progress

Square - performed as above but retracting shoulder blades back - with arms forward at shoulder height - again can use band in hands for more resistance

Back extension - sitting upright in chair - with mini ball in hands behind back, extend arms back and away whilst extending the spine at the same time

Seated abdominal work - use ball behind back and lightly push body weight back on to it, brace abdominals and then use arms and leg lifts in different planes of motion to create a deeper core engagement - lift arms up & out to side or rotate, add leg lifts - perform opposite arm to leg & same arm as leg.

Seated Knee drop & Table Top Tap down - As above but lifting leg up and taking knee open or tapping foot down, could also be performed with mini ball under stationary foot for increase in lack of stability.

Other Seated Fitness Pilates conditioning ideas

Ball under foot - roll foot forward and back, diagonal & circle.
Put weight onto ball, lift other leg in all 3 planes of motion - use hands on chair if they wish - repeat other side

Squat with ball under 1 foot - seated

Ball in between knees - squeeze ball with any arm work - either with weights or arm lines



Fitness Pilates for the Older Adult

Lift feet off floor and squeeze ball

Ball behind back or keep in between knees, complete half roll back sequence

Use body weight - help come out of chair - squat back down

Stand behind chair - thread like a needle for back mobility, roll downs, back release, press ups

Band work - Band around feet

Low rows, - alternating & both arms

High row - alternating & both arms

Bicep curls in all 3 planes

Push forward & back

Swoop the arms release the back

Reach back on to diagonal, put coat on, reach back behind and to side of chair

Put band around 1 foot - legs press, leg extension, leg abduction, leg rotation

Leg curl & push, Put foot down - pull on band to lift knee, take it wide

Wrap band around thighs - knee squeeze out and in

Standing Fitness Pilates for older adults

STANDING PELVIC FLOOR -

Baby lunge 8x alternating

Stagger lunge 8x

Baby lunge to side 8x

Stagger lunge to side 8x

Stagger lunge forward with a leg lift back 8x

Stagger lunge to side with an outer thigh lift back 8x

Can also perform all the above with a band loop around legs

Squats - Normal, with toes out, with toes in and asymmetric - ball reaches to alternating feet, reaches across body, reaches behind, above the head straight up and to a diagonal,

On asymmetric squats - reach ball to front foot and back foot and then reach forward and behind you

Squats with a leg lift on R - 8X

Keep leg lifted on number 8 and use ball as a distraction
(repeat other side)

Bring opposite knee to ball and then take ball away on a diagonal and foot goes down to floor.

Change arm line to reaching down to side whilst knee comes up, then reach ball up and knee comes up



Fitness Pilates for the Older Adult

Bring ball to opposite knee and then tap behind - turn round in a circle, reverse the circle

(Repeat on other side)

Baby Lunge with stagger - squeezing ball in hands

Alternate forwards, diagonal, straight out to side, behind

All of the above can be performed with band around ankles or thighs - with or without ball

Fitness Pilates Sequences for the active older adult

Squats with arms to V W (breast stroke prep)

Add in a swim leg as you stand

Standing swimming exercise - opposite hand to knee across the body

Roll down to half way and do standing thread like a needle - with 1 hand on knee and other hand lacing threw for 4 reps

Roll up and complete everything from the start

Roll down sequence - baby back bend, roll down, rotate round feet, walk through to calf stretch

Swan dive down to floor, sit back in shell pose, walk hands to right put left hand on top - repeat other side

Calf stretch Roll up

Hands above head to back extension, lateral flexion to side right & left

Superman exercise (opposite arm to leg) in all 3 planes - forwards, diagonal and cross over (can be done laying prone if knee problems)

$\frac{3}{4}$ plank with breast stroke swim leg

Calf stretch

Shell Pose

Roll down into plank (any level)

Turn into Side lying scissors

Side lying top leg rotation in both directions

Roll on back - full body stretch

Shoulder bridge with hip opener

Repeat side lying on other side,

Roll onto front into Shell pose & calf stretch, Roll up

Half roll back with alternate arms lifting up, diagonal, side & behind - repeat starting with left arm

Seated Spine twist

Mermaid 4x Full roll back in to floor

Scissors with head down 4x

Shoulder bridge with leg opener



Fitness Pilates for the Older Adult

Reverse bicycle 4x Full body stretch to Roll up Mermaid other side 4x

Final Points

We really hope that this has given you the tools you need to be able to adapt for older adults coming into your mainstream Fitness Pilates classes but also to be able to offer niche classes for this amazing specific group. The rewards of teaching older adults Fitness Pilates far outnumber any extra effort involved. This is a group of people who are grateful, consistent, loyal and supportive and who truly want to learn.

If you have any further questions please do not hesitate to contact Kelly@choreographytogo.com or Rachel@choreographytogo.com

We wish you all the very best with your Fitness Pilates journey xx