

THE 'C' WORD

APMA POSITION PAPER

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This document has been created to help Pilates practitioners and Studio owners understand the term '*Clinical Pilates*' so they may in turn be able to inform prospective and current clients, as well as other health professionals. This is in response to the increase in popularity of the term in marketing and social media, and the questions that come along with it.

Please note that we are referring to the delivery of client focused, studio based Pilates (i.e. with a ratio of up to one instructor to four clients) rather than Pilates centric mat or group based classes.

THE 'C' WORD

With an ever expanding number of Pilates Method facilities and teacher training programs in the market place, everyone is looking to differentiate their business or school.

Two increasingly used key phrases are:

- 1) *Clinical Pilates*, and
- 2) *Evidence Based Pilates*.

The terms are designed to draw in potential customers and are particularly attractive to those within allied and complimentary health fields looking to upskill or increase potential income. It insinuates however, directly or indirectly, and perhaps consciously or not, that other courses such as the APMA Level Two Pilates Method Courses or the Diploma and Advanced Diploma of Pilates Movement Therapy are not solidly based in a clinical or evidence based approach.

SO WHAT IS CLINICAL PILATES?

Let's first define the term '*clinical*':

CLINIC

1. An establishment where outpatients are given treatment or advise, especially of a specialist nature ie. Ante-natal clinic
2. A conference or short course on a particular subject ie. A drum clinic

CLINICAL

1. Of, relating to, or connected with a clinic
2. Involving or based on direct observation of a patient
3. Relating to the observation and treatment of actual patients rather than theoretical or laboratory studies



When we talk about *clinical Pilates*, we are describing a teaching format that is tailored towards the individual client. That involves observing the client, taking into account their individual needs and injuries, and treats these with evidence based practice. Practice that is:

- a) Based on the findings of current literature
- b) Based on the treating therapist's experience with Pilates, and the establishment of trends and patterns of what works with different clients
- c) Based upon your client's belief systems, response to the exercise prescription given, and altering the program as needed based on these responses.

A common argument by some within the health sector attempts to perpetuate a superior '*clinical*' approach is that regular Pilates teachers are not able to diagnose pathology. That is true, it is not in our scope of practice to diagnose injury or illness.

This does not mean as experienced Pilates practitioners we are not qualified to identify movement dysfunction or to participate in successful treatment outcomes for the injured and unwell.

Understanding the etiology, diagnosis, common treatments and how to work with, and around pathology is an underpinning part of the curriculum and competencies required of graduates. It has been the linchpin of the APMA Pilates training since its inception nearly 20 years ago.

Both the APMA Diploma and Advanced Diploma of Pilates Movement Therapy (as well as the Level 2 Teaching Course on which the Dip/Adv Dip are based) are solidly based in the health sector as opposed to the fitness sector. The units embedded in this qualification reflect both the "clinical" and "evidence base" knowledge required for graduates to work with most pathology and movement dysfunctions seen in the modern Pilates studio.