



Christine Romani-Ruby MPT, ATC

Christine Romani-Ruby is the CEO of PHI Pilates in Monongahela, PA. She is a licensed physical therapist, an assistant professor in the Physical Therapist Assistant program at California University of Pennsylvania, an AFAA certification specialist, an ACE faculty member, a certified athletic trainer, and a certified instructor of the Pilates Method. She is a frequent presenter at international fitness and rehabilitation conferences such as NATA, IHRSA, Club Industry, IDEA World, Flex, and Can Fit.

Pilates: Twice Her Savior, Now Her Lifetime Project

By Christine Romani-Ruby MPT, ATC

I met Mary Ann Brown when she came to me as a patient in physical therapy four years ago. She had been suffering from sacroiliac pain following a work-related accident. Mary Ann is a Physical Therapist Assistant and had been on limited duty at work for over a year. As a PTA, she had sought out many talented physical therapists and tried numerous manual techniques with only minimal success. After hearing my talk on Pilates as Therapeutic Exercise at a Pennsylvania district PT meeting, she called me to see if I could help.

During Mary Ann's first visit I was amazed by the muscle imbalances that had developed in both her hips and trunk. Her latissimus dorsi had extreme effects on her sacroiliac function and ribcage. Exercises like *arms on the mat* and *push-through* on the Cadillac became staples in her exercise program. *Eve's lunge* on the Reformer and a basic plié revealed her inability to use the hips symmetrically or asymmetrically. She also lacked the ability to eccentrically control her gluteal muscles, and the length of her gluteus medius and minimus was not bilaterally even. *Frog* in all positions and on all pieces of equipment was extremely helpful in retraining these areas.

The springs on the Reformer were perfect for teaching the eccentric control that Mary Ann needed. We also used the leg springs for *sidelying legs* on the Cadillac to perfectly align the pelvis in order to strengthen the medius and minimus at the proper length. Because Mary Ann was an experienced PTA, she and I immediately connected and she took on the exercises like she was starving. By her second week of PT we had significantly reduced her symptoms and the exercises were progressing. She went on to return to full duty at work within three months.

After discharge from Physical Therapy, Mary Ann and I continued to meet to share ideas on Pilates, and Mary Ann began the process of training as a Pilates instructor. She began to use some of the exercises with her patients and bought an Allegro[®] Tower of Power[™] system for her own use. Our meetings became an exciting time for both of us to share new ideas for patient treatment with Pilates.

On May 4, 2005, Mary Ann's life changed dramatically when she was diagnosed with breast cancer. She underwent a mastectomy and six lymph node removal on July 18, 2005. She again turned to Pilates, now with new challenges. Immediately after the surgery, Mary Ann began to incorporate the Pilates breathing with great success. She found that it mobilized her ribcage, helped her posture and pain, and kept her abdomen strong.

During this time Mary Ann was discouraged by her overall inability to tolerate activity. In an effort to stay strong she began lower extremity exercises on her Reformer on July 24. These helped her both physically and mentally. After delays caused by an episode of cellulitis and the start of lymphedema (a swelling of an area in the body resulting from an accumulation of lymph fluid), Mary Ann was finally approved for upper extremity exercise on August 8, 2005. Very discouraged with the exercises provided by physical therapy, she began to adopt Pilates exercises that were within the limitations set by her doctor and her lymphedema therapist. Initially she responded best to the Reformer, where she could use varied amounts of weight bearing to create a closed chain environment. This assisted in re-learning proper movement patterns and was much less painful for range of motion exercise. With the start of chemotherapy and breast reconstruction she was very careful to pace herself and avoid movements that her plastic surgeon had restricted.

Some of the initial exercises for ROM and stabilization included just the weight bearing of *down stretch*, *all four's* variation on the Reformer, and *arm circles* with limited range and very low spring resistance. On the mat, *modified swan* and *modified side plank* provided the weight bearing activity while the arm position of *sidelying legs* was optimal for ROM. *Seated twist* while holding a Thera-Band overhead provided immediate positive effects on the lymphedema in the arm while *articulating bridge* provided positive effects to the lymphedema that Mary Ann experienced in her trunk.

Currently Mary Ann's main limitations are in trunk rotation and she has to continually range her shoulder to keep the fluid movement. Her favorite exercises include *washerwoman*, *washerwoman twist* and *mermaid* on the chair, *down stretch* and *elephant* on the Reformer, *seated twist* and *sidelying legs* on the mat, and *push through* and *push through twist* on the Tower. She has also experimented in combining some mat and Reformer exercises to create fantastic stretching and strengthening exercises for the trunk. Two of these include *elephant on the floor* and *spine stretch* inside the Reformer.

For *elephant on the floor* stand facing the foot-end of the Reformer with the footbar lowered out of the way. Resist the carriage with one red spring. Place your hands on either side of the carriage for weight bearing. With the knees and elbows extended, slide the carriage forward focusing on creating extension in the thoracic spine.

For *spine stretch* inside the Reformer, you must have a Reformer with legs. Sit inside the head end of the Reformer facing the shoulder rests. Your legs should be extended toward the foot-end of the frame. Resist the carriage with one red spring. Pull the carriage back toward you and hold onto the shoulder rests with your hands. Allow the carriage to gently pull you forward into *spine stretch* and then pull against the springs to stack the spine back into the seated position. To add the twist (similar to *saw*), just place one hand on the opposite shoulder rest and cross the other over your abdomen. As you flex your spine forward, add rotation.

Mary Ann has just finished the intense phases of chemotherapy and will have her breast reconstruction completed in July. Most recently she joined me at the Body Mind Conference to present her ideas on Pilates as treatment following mastectomy. She is back to work as a PTA with a desire to share her Pilates experiences with patients, clients, and other Physical Therapy professionals.