Adding Pilates to your private practice

More and more PTs are turning toward Pilates as an effective and lucrative adjunct to their business. For those in their own private practice, implementing a Pilates program presents a great opportunity but may seem daunting from an investment standpoint. How much equipment should you buy? Should you lease or own? What tax breaks are available?

To learn the rudiments of adding Pilates to a private practice, Physical Therapy Products decided to go right to the source and talk to someone who has successfully done it.

Ada Wells, MPT, is a certified Pilates instructor and the owner of ProBalance, a Pilates-based physical therapy and sports rehabilitation center in Alameda, Calif. Wells first discovered Pilates in 2001 through another PT and immediately recognized that it could be a tremendously effective form of therapy. "The principles of Pilates are a great fit for therapy because they optimize movement and control while minimizing irritation to a lesion," Wells says. "In our profession, we already emphasize proper posture and alignment during exercises, but the precision of Pilates cues can enhance the movement. For example, integrating cues for diaphragmatic breathing to facilitate spinal articulation and adding cues to encourage spinal elongation encourages engagement of the deep core stabilizers, which assists in minimizing the compressive forces on the spine."

CREATING THE RIGHT BUSINESS MODEL

Wells originally worked at a wellness center where practicing Pilates was a challenge due to the facility's business model. "When I first started using Pilates, I was working at a facility that had a faster-paced clinic and where we were seeing three patients an hour utilizing physical therapy aides," Wells says. "It was difficult for me to include the precision cues in the short period of time I had to work with patients. I found that if we trained our aides well on the basic exercises, I could then spend more time on the variations and progressions."

However, this changed when she opened ProBalance in late 2004. Wells designed her model so that she would see only one patient per hour. This allowed her to really utilize herself as both a PT and as a Pilates practitioner: "I found that implementing Pilates in this model wasn't a challenge at all, and in fact, it was one of the reasons why I was able to successfully grow my business."

PURCHASING EQUIPMENT

Wells chose her particular brand of equipment based on several factors. "I tested several brands and talked to a lot of people. I highly recommend doing as much research as you can. The information is easily attainable. The brand I ended up choosing works best for me as a physical therapist because the equipment evolves and improves regularly with suggestions and feedback the manufacturer receives from practitioners and physical therapists. It is also easily adaptable for a wide range of populations," Wells says.

As an example, Wells points out a female client she had who had post-polio and had very little core control. She was able to come up with variations of the roll down and rowing using a particular foot bar unique to one manufacturer on the Reformer. While the exercises she undertook may not be part of the "official" Pilates repertoire, they utilized the same Pilates principles of motor control and mobility that she was trying to achieve.
A QUICK RETURN ON INVESTMENT
For clinicians looking to obtain equipment, many manufacturers offer leasing options (see sidebar below). However, Wells decided to purchase her equipment from the onset. "Before purchasing, I calculated to see how fast I would be able to pay off the equipment," Wells says. "From the amount I planned to charge and the number of patients I would be able to see, it seemed like it wouldn't take too long to pay it off. In fact, I easily paid for all the equipment within the first 6 months of being open for business."

INCREASED SERVICE OPTIONS
One of the lucrative aspects of Pilates in a rehab setting is that programs can be put together to keep clients coming back after they finish their rehab. At Wells' clinic she employs fitness Pilates instructors to give patients affordable options when they "graduate" from rehab. These "postrehab" classes are small (a maximum of four people) to allow adequate monitoring of clients in this setting.

MARKETING IS KEY
Like any business, you have to work to get patients through the door. Wells estimates that about three-quarters of her business is now word of mouth, but initially she used as many community resources as she could. This included both advertising and writing articles about Pilates in her community newspaper, and educating Pilates instructors at local health clubs about various populations (osteoporosis, back pain, etc).

She also created a very strong referral network by speaking to local physicians, chiropractors, and other wellness/health care practitioners about the benefits of Pilates, and about how her knowledge base as a PT could enhance the quality of their experience and the effectiveness of their treatment.

TAX WRITE-OFFS ARE PLENTIFUL
Pilates also can be an asset for a private practice when April 14 rolls around.

"Besides the Pilates apparatus and props equipment that I purchase, I write off any training that I receive related to Pilates," Wells says. This includes conferences, specific coursework, books, and DVDs related to Pilates. "All of these resources are valuable for integrating Pilates exercise into my work as a physical therapist," Wells says.

CASE STUDY
How does Pilates work in a private practice? Here's an example of how Wells has implemented Pilates to help a specific patient.

"Steve" is a 57-year-old male who presented at ProBalance complaining of low back pain and lower-extremity pain for 3 months. Steve is an avid golfer but had to decrease his frequency of play to 18 holes once per week using a golf cart due to pain. His MRI was positive for L4-5 stenosis, a Grade I anterior spondylolisthesis, disk bulge, and facet hypertrophy. He
also had T12-L1 degenerative disk disease with a moderate broad disk bulge. Objective exam revealed limited lumbar mobility in side flexion and extension, weakness in the hip abductors on both sides, and difficulty with hip/pelvis dissociation. On observing his golf swing, he stood at his address position with excessive kyphosis; the patient had decreased thoracic mobility on his back swing and inadequate left hip rotation at the finish position. It appeared that this created increased compressive forces to his lumbar spine, especially on the left side during his finish position.

**Treatment:** Steve undertook six sessions in a 2-month period. His specific treatment included a combination of manual techniques to address soft-tissue restrictions in the spine and hips, instruction in a home program including foam roller self mobilization and stretching, basic Pilates fundamentals, postural education, and later, more advanced functional home exercises designed to mimic exercises performed in the clinic. During his rehab sessions, he used the Reformer, step barrel, Trapeze Table, and Chair to address spine and hip mobility and control.

**Program Design:** The program focused on identifying the appropriate phase of rehab to determine the rate of progression and then to break down faulty movement patterns and integrate functional re-education to return Steve to golf.

"We needed to decrease the forces placed in the lumbar area by instructing the patient in the principles of dissociation, stabilization, and improving mobility in a pain-free manner," Wells says. "Then, we progressed strengthening and movement re-education by initiating exercises in a foreign environment to break down faulty movement patterns."

As Steve successfully mastered the movements, he was progressed to a more familiar environment, and resistance and difficulty increased. By designing a program to include exercises that improved postural awareness, thoracic spine extension and rotation, and hip control and rotation, his golf swing motion was improved, decreasing the compressive forces on his spine.

Examples of specific exercises included hip flexor stretching and feet in straps on the Reformer to improve hip mobility and hamstring flexibility, side flexion and rotational stretches on the step barrel, bridging to improve spine mobility and control, long spring exercises on the Trapeze Table to work on lower extremity and core control, and standing single leg presses with the chair to address balance and hip dissociation.

**Results:** Within 1 month, Steve was able to play a round of golf with little discomfort. In 2 months, he was able to play in three consecutive golf tournaments in 1 week’s time without increasing symptoms.

_Daniel Wilson is a contributing writer for Physical Therapy Products. For more information, contact PTPeditor@ascendmedia.com._

**Pilates Resources**

Interested in adding Pilates to your practice? The first thing to do is call a Pilates equipment manufacturer. They can provide valuable consulting assistance to help get you started. In addition, many have leasing programs that may make it easier for you to get your equipment. Here is a list of the major Pilates manufacturers:

- Balanced Body [www.pilates.com](http://www.pilates.com)
- efi Sports Medicine [www.efisportsmedicine.com](http://www.efisportsmedicine.com)
- Gratz Pilates [www.pilates-gratz.com](http://www.pilates-gratz.com)
- Peak Pilates [www.peakpilates.com](http://www.peakpilates.com)
- Stott Pilates [www.stottpilates.com](http://www.stottpilates.com)

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