

My session

Every session with a client needs to be structured to their individual needs and goals. However, there may be elements of this sample training session by **Julie Reynolds** that can be incorporated into your session preparations.

Ashleigh is 32 years old and her job means she sits at a computer. As a child, she had Perthes disease of the left hip. She is aware of the importance of preserving the hip. Ultimately, she is likely to require a hip replacement but this largely depends on her symptoms and expectations. This could be seen as the root cause of her present problems.

Ashleigh has a history of lower back pain and a physiotherapist first saw her in 2009 with a minor lumbar disc lesion. After six weeks of treatment, she recovered well and continued on a general musculoskeletal maintenance programme (MMS). In 2012, Ashleigh had a setback and scans confirmed a L5 S1 disc bulge that may have been irritating nerve roots. Physiotherapy helped settle her symptoms.

Her physiotherapist recently referred Ashleigh to me and, so far, she's had five weekly sessions of assessments alongside a progressive Pilates programme.

Client goals

Ashleigh's main aim is to be able to carry out normal every-day activities pain free and to reduce the risk of back injury while preserving her hip. She feels limited in the activities she can do without hip or back pain, which has a negative effect on her well-being, although her confidence has improved drastically over the past few weeks. Her intention is to build on this positivity and increase the frequency of her physical activities safely.

Considerations

It is important to strengthen supporting muscles while preserving the hip. The issues presented by her left hip limit her range of movement and make abduction at the joint painful. Hip symmetry is affected due to the hip joint pathology. To preserve the hip, extreme flexion, such as deep squats or any impact, have to be avoided.

Ashleigh has increased lordosis of the lower spine, related to her hip issues. Extension will therefore be avoided here and encouraged in the thoracic where she has slight kyphosis.

Symptoms may vary from one session to the next, so it's important to adapt the session accordingly when necessary.

Rationale

In Ashleigh's first session I looked at her posture in standing and noted she has an increased lordosis of the lower back and minor kyphosis of the upper spine. With this posture type, erector spine and hip flexors are shortened, with the lordosis resulting in weak abdominals and gluteals. In standing, her knees are slightly hyperextended, with the hamstrings shortened and over worked as they compensate for weak gluteals.

My main objectives were to improve general flexibility and focus on gluteal and abdominal strength. Exercises for stability, particularly of the pelvis, would also be included. In the long term we must continue to build on this foundation, so Ashleigh may join a small Pilates class where we have an all-over-body approach to strength and flexibility. **fp**



BIOGRAPHY

Julie has 24 years' experience and has been a Pilates PT since 2008. For the past four years, she has worked with PHYSIOCURE in Leeds where she assists in the rehabilitation of patients with a particular interest in hip rehabilitation. Along with other professionals, she is the Pilates specialist of an internet hip impingement awareness group. Julie is also acknowledged in the hip arthroscopy rehabilitation guide written by Hip-PHYSIOCURE.



Session in brief (at week five)

Standing

- Gentle standing mobility of spine and shoulders
- Small squats with hip hinge and neutral spine x16
- Alternate heel strikes x16
- Small single knee bends using hands on wall for support x8 (each leg)
- Split stance double heel lifts activating glute med x8 (each side)
- Stability board small step hip extensions with glute squeeze x16

Supine

- Hip rolls spinal lumbar rotation x16
- Alternate heel slides for pelvic stability x16
- Pelvic tilts x8
- Hamstring developmental or PNF stretch
- Shoulder bridge with alternate heel lift x8

- Straight leg gluteal contractions holding for 10secs x4
- Alternate knee fall outs with deep hip rotator connection on return x16
- Re-enforcement of abdominal lateral breathing
- Toe taps from table top position x16

All four-point kneeling

- Pin point legs (superman) x16

Prone

- Swimming arms x16
- Swimming legs x16 (alternate)
- 3/4 plank, holding for 1min

Side lying

- Adductor lifts, top leg supported on blocks x16 (each side)

Foam roller

- Supine open door stretch
- Appropriate stretches and foam roller facia release