

Matwork Progressions Manual

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INTRODUCTION TO MATWORK PROGRESSIONS

The following section describes the purpose of the Matwork Progressions Course

INTRODUCTION & GUIDE TO THE EXERCISES IN THIS MANUAL

Welcome to the Studio Pilates Matwork Programming & Progressions Course!

The matwork progressions exercises in this manual pick up where the Studio Pilates Matwork Course left off, completing and rounding out your matwork knowledge. In this course, you will not only learn the remaining matwork exercises, but also further enhance your instructing skills, gaining further expertise in programming for specific injuries and how to progress your clients as they improve.

The exercises contained in this course vary in difficulty from quite basic through to more advanced. There are also some exercises in this course which can look deceiving in that they can appear quite challenging, but are actually relatively easy for most clients to perform!

There are other exercises in this course which are more challenging. You may attempt these exercises in your pre-course learning and think "wow, this is challenging, I don't think I can perform this exercise." However, assuming that you do not experience pain with these exercises, we encourage you to continue to attempt these exercises over the weeks and months of your study. Perhaps more than any other Studio Pilates course, the exercises in this course require practise and repetition to develop strength and flexibility. Don't make the mistake of dismissing an exercise after trying it just once.

For example, the models featured in this manual could not perform a majority of the exercises in this course when they were first allocated them. However, by practising these exercises for just a few minutes a day over the space of a few weeks, each model was able to successfully perform the exercises with great technique. We encourage you to do the same and you will be shocked by how quickly you can develop the strength and flexibility required to perform the more complicated movements in this course.

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INJURIES + CAUTION

The following contains a disclaimer about injuries and pregnancy

INJURIES AND CAUTION

Disclaimer About Injuries

While this manual refers to injuries, the diagnosis of injuries is outside the scope of practice for exercise professionals, including Pilates instructors. Only health professionals are able to diagnose specific injuries. When in doubt, refer your client to a health professional for diagnosis.

Pregnancy

Please refer to each of the exercises individually for information regarding their suitability during pregnancy.

As a general rule, it is not a good idea to *begin* doing the exercises contained within this course once someone has become pregnant if they have not performed those exercises prior to pregnancy. This is because the exercises contained in this course are quite advanced and generally require a fair amount of balance or stability to perform.

For clients who have already been performing certain exercises, it may be safe for them to continue performing them during pregnancy as per the guidelines contained in the pregnancy section for each exercise.

Please use common sense and ensure that you always stand near your pregnant clients whenever they are getting into or out of any risky positions. If you are taking a large group, it is best to err on the side of caution and avoid any unstable exercises altogether.

Postnatally, these more advanced exercises should only be performed if the client was able to perform them pre-pregnancy and if they are able to activate their T-Zone effectively throughout. That is not to say that clients cannot build up to performing these exercises postnatally however it would not be the first choice if they had not been performing them previously.

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Matwork Progressions Exercises to Perform by Trimester

	Trimester 1	Trimester 2	Trimester 3	Post Natal
SUPINE ABDOMINAL SERIES	Scapula Activation Exercise Pendulum 3 (Both Legs Extending) Pendulum 4 (Legs Straight) Corkscrew Preparation Double Toe Taps Double Leg Slides + Arm Preparation Full Hundreds Preparation Double Leg Stretch Full Double Leg Stretch Scissors Criss Cross + Scissors Helicopters Double Leg Lowers Bicycle (On the Elbows) Scissors (On the Elbows) Beats (On the Elbows) Helicopter (On the Elbows) Half Rollback 1 (Arms in Front) Half Rollback 2 (Arms Opening) Half Rollback + Rotation Make a Wish Rollup Rollup + Hamstring Stretch Rolling Like a Ball Teaser Preparation Teaser			Scapula Activation Exercise Double Leg Slides + Arm Preparation
PRONE LYING SERIES	Single Leg Kick Double Leg Kick Grasshopper Rocking Preparation Swan			Single Leg Kick Double Leg Kick Grasshopper Rocking Preparation Swan

PLANK SRIES	Horsekick 4 (Arm and Leg Lift) Controls Front 1 (Pikes) Controls Front 2 (Leg Lift) Rolldown into Plank Mountain Climber 1 (Parallel) Mountain Climber 2 (Obliques) Star 1 (On the Knees) Star 2 (On the Feet) Controls Back 1 (Pelvic Lift)	Horsekick 4 (Arm and Leg Lift) Star 1 (On the Knees) Star 2 (On the Feet)	Horsekick 4 (Arm and Leg Lift) Star 1 (On the Knees) Star 2 (On the Feet)	Horsekick 4 (Arm and Leg Lift) Star 1 (On the Knees)
SIDE LYING SERIES	Side Kick Side Kick Front Zig Zag Clam Kickout 1 (On the Elbow) Circles (On the Elbow) Bicycles (On the Elbow)	Side Kick Side Kick Front Zig Zag Clam Kickout 1 (On the Elbow) Circles (On the Elbow) Bicycles (On the Elbow)	Side Kick Side Kick Front Zig Zag Clam Kickout 1 (On the Elbow) Circles (On the Elbow) Bicycles (On the Elbow)	Side Kick Side Kick Front Zig Zag Clam Kickout 1 (On the Elbow) Circles (On the Elbow) Bicycles (On the Elbow)
STRETCHING SERIES	Kneeling Hip Flexor Stretch + Arm Overhead Lying Torso Stretch 1 (Arm Opening) Lying Torso Stretch 2 (Arm Circling) Thread the Needle Cat Stretch Spine Stretch Spine Twist Saw Mermaid Stretch + Lift	Kneeling Hip Flexor Stretch + Arm Overhead Thread the Needle Cat Stretch Spine Stretch Spine Twist Mermaid Stretch + Lift	Kneeling Hip Flexor Stretch + Arm Overhead Thread the Needle Cat Stretch Spine Stretch Spine Twist	Kneeling Hip Flexor Stretch + Arm Overhead Lying Torso Stretch 1 (Arm Opening) Lying Torso Stretch 2 (Arm Circling) Thread the Needle Cat Stretch Spine Stretch Spine Twist Saw

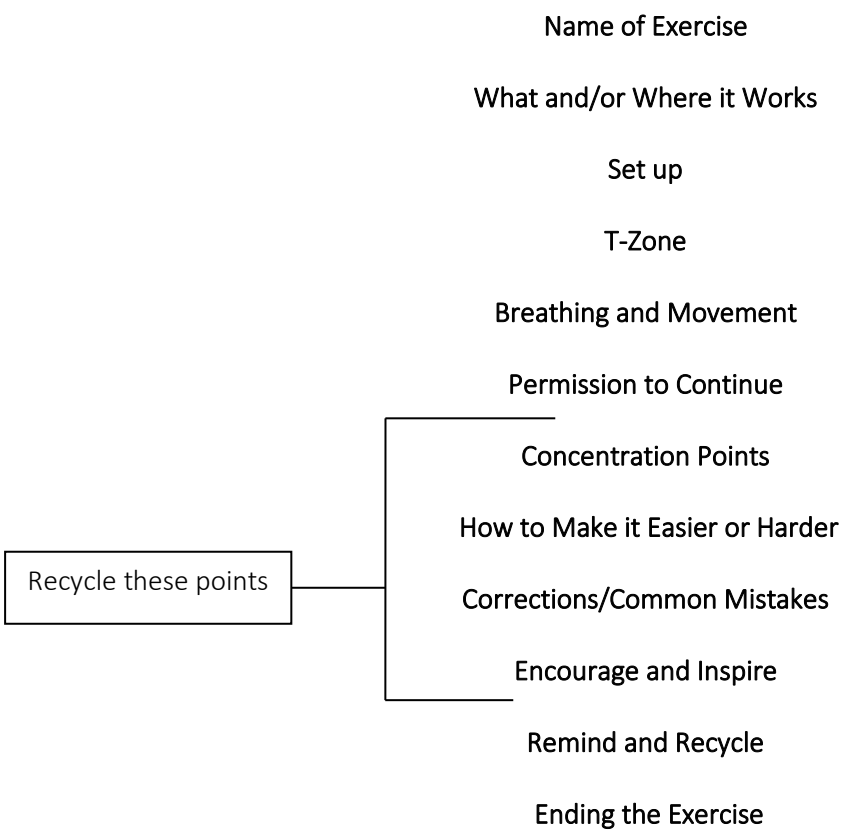
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STUDIO PILATES CUEING FORMULA

The following section looks at the Studio Pilates Cueing Formula, which teaches you how to effectively instruct each exercise in the Pilates repertoire and gives structure to your instructing cues

THE STUDIO PILATES CUEING FORMULA

As you would have experienced in the Matwork Course, the Studio Pilates Cueing Formula provides you with a structure for your cues. It gives you the steps to follow to ensure that you instruct an exercise in the best possible way so that your clients understand the exercise and perform the correct technique, along with feeling motivated and challenged. Using the Cueing Formula makes you stand apart from other Pilates instructors and teach a fantastic Pilates class.



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The Cueing Formula Explained

There is more to teaching Pilates than just learning the exercises and then standing up and teaching them. *How you teach them* is just as important as the knowledge you may have of the actual exercises, as is making a personal connection with the clients in the class, correcting their technique and inspiring and encouraging them.

At Studio Pilates International, we aim to teach you how to put all of these things together to ensure that your Pilates Classes are of the highest quality and are classes that your clients enjoy and gain maximum benefit from.

Throughout the duration of this course you will have the time to practice teaching all of the exercises and putting into practice the following instructing tips –

- Cueing Formula
- Demonstration
- Body Scan

Demonstration

The main difference when teaching advanced Pilates is that you may not always have the capacity to be able to demonstrate the exercise effectively. This is ok. There are a few options which may help:

- Become highly practiced and confident with your use of verbal cues to be able to describe the set up and movement very well
- Utilise arm and hand gestures to help with explaining the movement, or some other parts of your body
- If you have capable clients in your class who are familiar with the exercise, you can ask the class to watch while they perform one or two repetitions

Remember, it is not necessary for the class to watch you do a full set of perfect repetitions. Even if you can demonstrate part of the exercise and only verbally cue the rest this can help visual clients to understand the movement. Also keep in mind, that you only need to demonstrate a few repetitions and then you are much more useful to your clients if you have your hands on guiding their movement anyway.

There are three different methods of performing the demonstration -

Option #1: Perform a very quick visual demonstration while the group watches you

This option works well when teaching in a small group or individual setting with new clients or when you are teaching a complicated exercise.

Option #2: Performing the demonstration while using the Cueing Formula and the class does it with you

This option works best in a large group where you have your own mat in front of the class. Keep in mind, you must stand up and begin walking around the room once you get to the Permission to Continue component of the Cueing Formula.

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Option #3: Using arm or body gestures to demonstrate

If you are not able to demonstrate an exercise, you can instead use your words and your arms (or other body parts) to gesture while standing up and guiding the class through the exercise.

If it is a complex exercise that you are cueing, then you will need to ask one of the clients in the group to demonstrate while the others watch. However, if the exercise is simple and easy to explain, using non-verbal gestures may be sufficient in aiding your cues.

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THE EXERCISES

The following section takes you through the Matwork Progressions repertoire of Pilates exercises.

EXERCISE INFORMATION

This manual has been written in a way that for each exercise, it tells you how to actually cue each exercise/what you should say, using the structure of the Cueing Formula. This is followed by more information about the exercise.

Difficulty Levels and Intensity Levels

Each exercise has been given a rating in terms of difficulty and intensity. These ratings can be very useful when programming both a class or studio session. The intensity rating refers to how much the muscles will feel like they are working or stretching during an exercise. Difficulty level refers to how difficult an exercise is to perform, in terms of strength, flexibility, coordination, balance, stability and hence safety. The levels range from 1-4, 1 being the easiest, 4 being the most difficult or intense.

For example, an exercise which has a difficulty and intensity level of 1 is very safe and basic, not working anywhere very hard and best suited to basic programs and rehabilitation. Difficulty level of 1 but an intensity level of 3 is an exercise which works or stretches the muscles really well, but is simple, easy and safe to perform. Exercises which have a difficulty level of 4 but an intensity level of 1 are difficult to perform perhaps because they are a series of complicated movements that require coordination, but don't work or stretch anywhere intensely. Exercises that are level 4 for both difficulty and intensity are advanced, difficult to perform and hard work.

It is important to remember that this is a general guide, and every person is different; every person will find different exercises more difficult or intense based on their particular strengths, weaknesses, flexibility and injuries.

Muscles and Movement

This is a comprehensive and technical look at the muscles and joint movements that are involved in each exercise using the following headings –

Target Muscles: The muscles which are the main focus of the exercise

Accessory Muscles: The muscles which are not the main focus of the exercise but help to perform the movements – please note that not every single muscle that assists in the movement is mentioned as there would be too many of them to list, but we have chosen the most important ones for you to know.

Stabilising Muscles: The muscles which support and stabilise the joints throughout the exercise.

Joint Mobility: The joints which are being mobilised during the exercise (when the aim of the exercise is to increase range of movement of specific joints).

Please note that you do not need to explain this to your clients, what you will say to them is written in more layman's terms in the What and/or Where it Works section.

Injuries/Caution

Any client that has any kind of pain or injury should be referred on to a health professional eg. Physiotherapist, Osteopath, Doctor, Chiropractor etc. for diagnosis and treatment. You should then seek

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guidance from that health professional as to what you can do with that client and what you will need to avoid and keep liaising with them on an ongoing basis.

In this manual, we have also provided a comprehensive list of what to be aware of for each exercise: the conditions/injuries which make it unsafe to perform the exercise at all and how to modify the exercise in the case of pain and injury. Please note that this in no way replaces a referral to and guidance from a health professional, it just gives you some tips on how to safely teach Pilates exercises and modify exercises accordingly.

Prerequisites

Each exercise will have a list of prerequisites required to have achieved before attempting the exercise. Clients do not necessarily have to have performed every prerequisite exercise before trying the exercise.

If a client can achieve some or most of the prerequisites, then you know the exercise will be suitable for them to do (also taking into consideration the injury/caution section). It also helps to build up the client's specific strength, flexibility and coordination required by doing the prerequisite exercises before attempting the more difficult exercise.

In saying this, clients can surprise you at times and can perform a more difficult exercise better than a supposed easier exercise. It is best to follow these basic manual guidelines but remember that each individual will be different and it always best to assess each individual doing different exercises to determine what works best for them.

Programming Advice

This gives you some simple tips and ideas on which clients you would use this exercise for, what it is good for, and where you might place it within a class program.

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Palpations/Physical Corrections

It is important to combine the physical corrections when performing the Corrections/Common Mistakes part of the cueing formula. In this section you will find a list of physical palpations to perform, and you will also find a video corresponding to these in the Online Training Centre that shows you how to perform these.

Palpation Type	Palpation Name
Abdominal Palpation	Ab Activation #1: T-Zone
	Ab Activation #2: Oblique Lines
	Ab Activation #3: Ribs to Hips (Obliques)
	Ab Activation #4: Prone Ab Activation
Lumbar Spine Positioning	Lumbar Spine Positioning #1: Supine Ab Exercises on Hands or Elbows
	Lumbar Spine Positioning #2: Side Lying on the Elbow
	Lumbar Spine Positioning #3: Sitting
Scapula Setting	Scapula Setting #1: In Between the Shoulder Blades
	Scapula Setting #2: Scapula Resetting
	Scapula Setting #3: From the Front of the Shoulder
	Scapula Setting #4: Four Point Kneeling
	Scapula Setting #5: Serratus Anterior*** ##
Thoracic Spine Positioning	Thoracic Spine Positioning #1: Four Point Kneeling
	Thoracic Spine Positioning #2: Prone Extension
	Thoracic Spine Positioning #3: Arm Chair Stretch ##
	Thoracic Spine Positioning #4: Teaser
	Thoracic Spine Positioning #5: Rounding the Spine
	Thoracic Spine Positioning # 6: Rotation
Pelvic Positioning	Pelvic Positioning #1: Side Lying ##
	Pelvic Positioning #2: Preventing Hip Flexion##
	Pelvic Positioning #3: Plank
	Pelvic Positioning #4: Four Point Kneeling
	Pelvic Positioning #5: Prone
	Pelvic Positioning #6: Posterior Pelvic Tilt
	Pelvic Positioning #7: Pelvic Curl##
	Pelvic Positioning #8: Preventing the Pelvis from Rocking
	Pelvic Positioning #9: Prayer Stretch ##
	Pelvic Positioning #10: Anterior Pelvic Tilt ##
	Pelvic Positioning #11: Knee Stretches ##
	Pelvic Positioning #12: Pikes
	Pelvic Positioning #13: Side Plank
	Pelvic Positioning #14: Rolling the Spine Up
Leg Positioning	Leg Positioning #1: Squeeze the Legs Together
	Leg Positioning #2: Tabletop Position
	Leg Positioning #3: Guiding Leg Height and Position
	Leg Positioning #4: Turning the Leg Out from the Hip Joint
	Leg Positioning #5: Iliacus*** ##
	Leg Positioning #6: VMO ##
Feet Positioning	Feet Positioning #1: Heels Together
	Feet Positioning #2: Lifting Up the Arches of the Feet
	Feet Positioning #3: Reaching Through the Toes
Gluteal Activation	Gluteal Activation #1: Gluteus Medius
	Gluteal Activation #2: Deep Hip Rotator
	Gluteal Activation #3: Gluteus Maximus***
Arm Positioning	Arm Positioning #1: Guiding Arm Position and Movement
	Arm Positioning #2: Reaching Through the Fingers

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	Arm Positioning #3: Relocation of Humerus
Head Positioning	Head Positioning #1: Prone Extension
	Head Positioning #2: Plank
	Head Positioning #3: Deep Neck Flexors*** ##

Palpations which are not related to any exercise contained in this manual. They are still listed here so that you have a master list of palpations

*** Palpations which are usually only used in one on one settings (not in group classes)

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SUPINE ABDOMINAL SERIES

Scapula Activation Exercise

Intensity=1 Difficulty=1

Cueing Formula

Name of Exercise

"Scapula Activation"

What and/or Where it Works

"This works the abdominal and shoulder blade muscles"

Set Up

"Lying on the back with the knees bent, feet hip distance apart, neutral spine. Arms on the floor, elbows bent to 90 degrees, hands in line with the head, palms facing up. Draw the shoulder blades down and back, bringing them in contact with the mat, chin tucked in."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, slide the hands up toward the head"



"INHALE, circle the hands out to the sides…"



"…and draw them back in"



Permission to Continue

- "Keep going and…"

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Concentration Points

- "Take your arms as far up as possible without your back arching"***
- "Really squeeze your shoulder blades down and back as you circle the arms around"***
- "As you exhale, draw the ribs toward the hips to stop them flaring or the back arching"***
- "Squeeze the shoulder blades down and back drawing down and back into a 'V' shape"***
- "Try to keep the shoulders, arms and hands on the floor the whole time, chest open"
- "Try to keep the shoulder blades connected to the ribcage, don't let them wing out"

To Make it Easier

- "Don't take your arms so far overhead"
- "Make the circles smaller"

To Make it Harder

- "Take your arms further overhead"
- "Make the circles larger"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Losing the abdominal connection, arching the back and popping the ribcage
- Hunching the shoulders and tensing the neck
- Sticking the chest out too far, winging the shoulder blades
- Poking the chin out

Encourage and Inspire

- "Just a couple more everyone!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, move the arms up toward the head"
- "INHALE, circle the arms around"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Arm Preparation

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Muscles and Movements

Target Muscles

- Stretches the Pectoral muscles and Subscapularis
- Internal and External Obliques to prevent the lower back from arching

Accessory Muscles

- Deltoid muscles to raise the arms (shoulder flexion)

Stabilising Muscles

- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Serratus Anterior to stabilise the shoulder blades against the rib cage

Joint Mobility

- Increases shoulder horizontal abduction and external rotation range of movement

Injuries/Caution

Shoulder Pain

- Take care with shoulder injuries – some clients may find it uncomfortable to be in this position
- You may need to stretch the Pectoralis Major and Minor first so that there is more available shoulder abduction and external rotation range of movement and the client can more easily reach the floor with their arms (eg. Pec Stretch from the Matwork Course)
- If pain occurs as the arms raise, limit the range of movement to the pain free range
- If pain persists, perform the matwork exercise Arm Preparation instead

Pregnancy

- Safe to perform in the first trimester
- Avoid in the second and third trimesters

Programming Advice

- This exercise is a progression of the matwork exercise Arm Preparation
- It requires more flexibility in the shoulders and Pectoral muscles to be able to position the arms on the mat to perform the exercise
- Stretches the chest muscles, is a great exercise for improving posture
- A great way to work the Lower Trapezius for clients who cannot lie on their stomach
- If clients have shoulder pain, they may not be able to perform this exercise
- A great Oblique activation exercise, good for practicing breathing and rib to hip connection
- Teaches clients how to raise their arms while keeping their shoulder blades down and back and without their ribs flaring

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- This exercise can be used to teach clients how to feel if their shoulder blades are winging as their arms move - the physical contact with the floor makes it easier to feel the connection between their spine, rib cage and shoulder blades staying together as the arms move

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)

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Pendulum 3 (Both Legs Extending)

Intensity=3 Difficulty=3

Cueing Formula

Exercise Tip: As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the exercise Set Up rather than Breathing and Movement.

When cueing this exercise, repeat the Breathing and Movement several times as it is a slightly more complicated movement pattern to learn.

Name of Exercise

"Pendulum with Both Legs Extending"

What and/or Where it Works

"This works the abdominals, especially the sides of the waist"

Set Up

"Lying on the back, spine imprinted, legs in tabletop position, knees squeezed together. Arms out to the sides with the palms facing up, shoulder blades down and back, chin tucked in. T-Zone tight."



Breathing and Movement

"INHALE, lower the legs over to the side"



"EXHALE, straighten both legs and…"



"…return the legs back to the centre"



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"INHALE, bend the knees back into tabletop…"



"… and take the legs over to the other side"



"EXHALE, extend the knees and draw the legs back to centre"



Permission to Continue

- "Keep going, alternating sides and…"

Concentration Points

- "Only go as far as can be controlled – it's not about how far you go, it's about using the abdominals"***
- "Use the abdominals to control the movement in both directions – to control the legs going over to the side and to draw the legs back to centre"***
- "Maintain an imprinted spinal position, flatten and scoop the T-Zone, tailbone down"***
- "Keep the shoulders down and back – one hip lifts off, shoulders stay down on the mat"***
- "Squeeze the knees and keep them together, don't let one knee shoot past the other"***
- "Make sure that the thighs are vertical and not falling away from the body/toward the floor – keep the knees in line with the hips"***
- "Try to straighten the legs as much as possible, pointing the toes"
- "Really use the breath out to tighten the abdominals and draw the legs back to centre"
- "If you go over to the side and the lower back arches or ribs flare then you've gone too far"
- "Try not to push through your arms, keep your palms up"
- "Move the pelvis and legs together as one unit"

To Make it Easier

- "Don't go over as far"
- "Don't straighten the legs as much"

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To Make it Harder

- "Take the legs further over to the side"
- "Really extend the legs straight"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Knees separating
- Legs dropping away from vertical – either too close to the chest or too far away
- Arching the lower back and flaring the ribs
- Lifting the tailbone off the mat/posteriorly tilting the pelvis – knees too close to the chest
- Losing the T-Zone and the stomach bulging out
- Gripping with and using the back muscles or leg muscles (Hip Flexors) to bring the legs back to the centre (rather than using the abdominals)
- Pushing through the arms and tensing the neck and shoulders – keep the palms up
- Laterally flexing the spine rather than pure rotation – hitching one hip up or twisting the hips
- Losing contact with both shoulders on the floor

Encourage and Inspire

- "Put everything you've got in these last few repetitions!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, over to the side"
- "EXHALE, extend the legs, return to centre"
- "INHALE, bend the knees and over to the other side"
- "EXHALE, extend the legs and return to centre"

Ending the Exercise

- "…come back into tabletop position, and rest back down"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Pendulum 2 (One Leg Extending)

Muscles and Movements

Target Muscles

- Internal and External Obliques to control the knees out to the side and draw them back again (lumbar and thoracic spine rotation) and to prevent the lower back arching and the ribs flaring

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Accessory Muscles

- Hip Flexors and Adductors to hold the legs squeezed in tabletop (hip flexion and adduction)
- Quadriceps the extend the legs straight (knee extension)

Stabilising Muscles

- T-Zone to stabilise the spine, drawing the abdominals flat and prevent one hip from hitching
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

Joint Mobility

- Increases thoracic and lumbar spine rotation range of movement

Injuries/Caution

Lower Back Pain

- Be very careful with anyone who has lower back pain
- Check T-Zone and Oblique activation and imprint position
- Make the range of movement smaller
- Go back to Pendulum 1 (Tabletop) or Pendulum 2 (One Leg Extending)
- Try using a neutral spine and see if it feels more comfortable

Lumbar Disc Injuries

- Avoid for anyone who has any lumbar Disc Bulge as this exercise involves rotation

Sciatica

- Avoid this exercise as it places the client in a neural tension position

Tight Hamstrings

- A client with tight Hamstrings may not be able to fully extend their knees straight
- Don't allow people to extend the legs lower/further away from the body, as it puts a lot of pressure on the back and makes it very difficult to stop the lower back from arching
- Instead, allow clients to keep their knees bent slightly, so that the focus is on maintaining the alignment of the knees in line with the hips and keeping the abdominals activated

Hip Pain or Hip Flexor Cramps

- Keep the legs squeezed together, don't let them come apart
- Make sure that the legs are vertical and not falling away from the body/toward the floor
- Perform Pendulum 1 (Tabletop) instead

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Neck Pain

- The head should be on the mat, chin tucked in and the neck relaxed
- Draw the shoulder blades down and back
- Don't push through the arms
- Ask the client to use a smaller range of movement - so that they don't have to push through the arms or strain the neck to control the movement

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- A great exercise for anyone with neck pain as you can keep the head down
- It works well to program Pendulum 1 (Tabletop) prior to Pendulum 3 (Both Legs Extending)
- Great for all levels as you can have different people doing different levels ie. Pendulum 1 (Tabletop), Pendulum 2 (One Leg Extending) or Pendulum 3 (Both Legs Extending)
- When demonstrating this exercise, you may demonstrate all of the levels and give the class the option to choose their level. Then when cueing the exercise, cue to take the legs over to the side, then either draw the legs back in or extend the top leg or legs and draw back in
- Take care as clients can go over to the side further than they can control when they have their knees bent, but this then places a lot of strain on the lower back when the legs extend

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #2: Tabletop Position
- Leg Positioning #3: Guiding Leg Height and Position
- Leg Positioning #1: Squeeze the Legs Together

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Pendulum 4 (Legs Straight)

Intensity=3.5 Difficulty=3.5

Cueing Formula

Exercise Tip: As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the exercise Set Up rather than Breathing and Movement

When cueing this exercise, repeat the Breathing and Movement several times as it is a slightly more complicated movement pattern to learn.

Name of Exercise

"Pendulum with Straight Legs"

What and/or Where it Works

"This works the abdominals, especially the sides of the waist"

Set Up

"Lying on the back, spine imprinted, legs in tabletop position, knees squeezed together. Arms out to the sides with the palms facing up, shoulder blades down and back, chin tucked in. T-Zone tight. Extend the legs straight up toward the ceiling, toes pointed."



Breathing and Movement

"INHALE, slowly lower the legs over to the side rotating the spine, one hip lifts off the floor slightly"



"EXHALE, return the legs back to the centre"



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"INHALE, slowly lower the legs over to the other side"



"EXHALE, return the legs back to the centre"



Permission to Continue

- "Keep going, and…"

Concentration Points

- "Only go as far as can be controlled – it's not about how far you go, it's about using the abdominals"***
- "Use the abdominals/Obliques to control the movement in both directions – to control the legs going over to the side and to draw the legs back to centre"***
- "Maintain an imprinted spinal position, flatten and scoop the T-Zone, tailbone down"***
- "Keep the shoulders down and back – one hip lifts off, shoulders stay down on the mat"***
- "Squeeze the legs and keep them together, don't let one foot shoot past the other"***
- "Make sure that the thighs are vertical and not falling away from the body/toward the floor – keep the knees in line with the hips"***
- "Even though your spine is rotating, make sure that you keep your ribs toward your hips so that the back doesn't arch, keeping your spine imprinted"
- "Focus on keeping the legs in line with the hips the whole time"
- "Really use the breath out to tighten the abdominals and draw the legs back to centre"
- "Try to straighten the legs as much as possible, pointing the toes"
- "If you go over to the side and the lower back arches or ribs flare then you've gone too far"
- "Try not to push through your arms, keep your palms up"
- "Move the pelvis and legs together as one unit"

To Make it Easier

- "Don't go over as far"

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To Make it Harder

- "Take the legs further over to the side"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Legs dropping away from vertical – either too far away or too close to the chest
- Arching the lower back and flaring the ribs
- Lifting the tailbone off the mat/posteriorly tilting the pelvis – knees too close to the chest
- Losing T-Zone and the stomach bulging out
- Gripping with and using the back muscles or leg muscles (Hip Flexors) to bring the legs back to the centre (rather than using the abdominals)
- Pushing through the arms and tensing the neck and shoulders – keep the palms up
- Laterally flexing the spine rather than pure rotation – hitching one hip up or twisting the hips
- Losing contact with both shoulders on the floor
- Not keeping the legs squeezed together
- Making the range of movement too large and not controlling the movement

Encourage and Inspire

- "Brilliant!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, take the legs over to the side"
- "EXHALE, return the legs to centre"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Pendulum 3 (Both Legs Extending)

Muscles and Movements

Target Muscles

- Internal and External Obliques to control the knees out to the side and draw them back again (lumbar and thoracic spine rotation) and to prevent the lower back arching and the ribs flaring

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Accessory Muscles

- Hip Flexors and Adductors to hold the legs squeezed in tabletop (hip flexion and adduction)
- Quadriceps to keep the knees straight (knee extension)

Stabilising Muscles

- T-Zone to stabilise the spine, drawing the abdominals flat and prevent one hip from hitching
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

Joint Mobility

- Increases thoracic and lumbar spine rotation range of movement

Injuries/Caution

Lower Back Pain

- Be very careful with anyone who has lower back pain
- Check T-Zone and Oblique activation and imprint position
- Make the range of movement smaller
- Go back to Pendulum 1 (Tabletop) or Pendulum 2 (One Leg Extending)
- Try using a neutral spine and see if it feels more comfortable

Lumbar Disc Injuries

- Avoid for anyone who has any lumbar Disc Bulge as this exercise involves rotation

Sciatica

- Avoid this exercise as it places the client in a neural tension position

Tight Hamstrings

- A client with tight Hamstrings may not be able to fully extend their knees straight
- Don't allow people to extend the legs lower/further away from the body, as it puts a lot of pressure on the back and makes it very difficult to stop the lower back from arching
- Instead, allow clients to keep their knees bent slightly, so that the focus is on maintaining the alignment of the knees in line with the hips and keeping the abdominals activated

Hip Pain or Hip Flexor Cramps

- Keep the legs squeezed together, don't let them come apart
- Make sure that the legs are vertical and not falling away from the body/toward the floor
- Perform Pendulum 1 (Tabletop) instead

Neck Pain

- The head should be on the mat, chin tucked in and the neck relaxed

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- Draw the shoulder blades down and back Don't push through the arms
- Ask the client to use a smaller range of movement - so that they don't have to push through the arms or strain the neck to control the movement

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- Within a class it works well to do Pendulum 3 (Both Legs Extending) first
- Great for all levels as you can have different people in the class doing different levels ie. option of Pendulum 1 (Tabletop) or Pendulum 4 (Legs Straight)
- Although Pendulum 4 (Legs Straight) is technically more difficult than Pendulum 3 (Both Legs Extending), some clients may find it easier to feel their abdominals in this exercise as the range of motion usually has to be smaller as the legs are straight from the beginning

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #3: Guiding Leg Height and Position
- Leg Positioning #1: Squeeze the Legs Together

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Corkscrew Preparation

Intensity=3 Difficulty=2-3

Cueing Formula

Exercise Tip: This exercise can be difficult for clients to understand the movement. It is best to demonstrate this exercise, but if you can't do this you will need to talk them through the exercise clearly, use your arms to demonstrate and get hands on to help them perform the movement.

Name of Exercise

"Corkscrew Preparation"

What and/or Where it Works

"This works the abdominal muscles"

Demonstration

Cue the following while demonstrating each level –

"There are 2 levels in Corkscrew Preparation. Level 1 is with the knees bent in tabletop position; Level 2 is with the legs extended straight up toward the ceiling. You'll be taking the legs over to one side, then circling them down and around to the other side"

Set Up

"Lying on the back, arms resting by the sides, palms down, shoulder blades down and back, chin tucked in. Spine imprinted, legs in tabletop position, legs squeezed together. T-Zone tight."



Level 1 (Tabletop)

"For Level 2, extend the legs to vertical, toes pointed."



Level 2 (Legs Extended)

Breathing and Movement

"INHALE, slowly lower the legs over to the side rotating the spine, one hip lifts off the floor slightly"



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"EXHALE, circle the legs down and around away from you…"



"… over and up to the other side…"



"…and back to centre"

"Alternate sides"

"INHALE, sweep the legs to the other side…"

"EXHALE, circle the legs down and around in the other direction"

Permission to Continue

- "Keep going, reversing the direction of the circle each time and…"

Concentration Points

- "Only go over as far as can be controlled – it is not about how far you go it is about using the abdominals and keeping control"***
- "Use the abdominals/Obliques to control the movement in both directions – to control the legs going over to the side and to draw the legs back to centre"***
- "As you circle the legs around, try not to hitch one hip or shorten one side of the waist – keep an even distance down both sides of the body between shoulder and hip"***

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- "Keep the shoulders relaxed – one hip will lift off the floor, the shoulders stay on the mat"***
- "Try not to press through the hands too much"***
- "Only lower and circle your legs as far as possible without arching your back"***
- "Maintain an imprinted spinal position throughout, T-Zone on"***
- "Squeeze the legs together"***
- "Even though your spine is rotating, make sure that you keep your ribs toward your hips so that the back doesn't arch, keeping your spine imprinted"
- "If you go over to the side and the lower back arches and you see your ribs flaring out then you've gone too far"
- "Move the pelvis and legs together as one unit"

To Make it Easier

- "Don't circle the legs as wide or low"
- "Perform Level 1 with the legs in tabletop"

To Make it Harder

- "Take the legs further out to the side and circle them lower"
- "Perform Level 2 with the legs extended"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Pushing through the arms too much, tensing the neck and shoulders
- Using momentum rather than controlling the movement with the abdominals
- Laterally flexing the spine rather than a pure rotation – hitching one hip up toward the ribcage and twisting the hips
- Taking the legs too far out to the side and losing control
- Lowering the legs too far and arching the lower back
- Lifting the tailbone off the mat/posteriorly tilting the pelvis – knees too close to the chest
- Losing T-Zone and the stomach bulging out
- Pushing through the arms and tensing the neck and shoulders
- Losing contact with both shoulders on the floor
- Not keeping the legs squeezed together

Encourage and Inspire

- "Great work!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, take the legs over to the side"
- "EXHALE, circle the legs down then around through the centre"
- "INHALE, take the legs to the other side"

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Ending the Exercise

- "…and come back into tabletop position and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Pendulum 1 (Tabletop)
- MATWORK PROGRESSIONS PREREQUISITES: Pendulum 4 (Legs Straight), Double Leg Lowers

Muscles and Movements

Target Muscles

- Internal and External Obliques to control the legs to the side and to draw them back (lumbar and thoracic spine rotation) and prevent the lower back from arching or the ribs flaring

Accessory Muscles

- Hip Flexors to raise (hip flexion) and lower (eccentrically controlling hip extension) the legs
- Quadriceps to keep the knees straight in Level 2 (knee extension)
- Adductors to keep the knees squeezed together (hip adduction)

Stabilising Muscles

- T-Zone to stabilise the spine, drawing the abdominals flat and prevent one hip from hitching
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to draw the thigh bones into the hip sockets (stabilise the hip joints)

Joint Mobility

- Increases thoracic and lumbar spine rotation range of movement

Injuries/Caution

Lower Back Pain

- Be very careful with anyone who has back pain
- Avoid for anyone who has any disc issue as this exercise involves flexion and rotation
- Check T-Zone and Oblique activation and imprint position
- Decrease the range of movement
- Perform Level 1 with the knees bent in tabletop position

Lumbar Disc Injuries

- Avoid this exercise as it involves lumbar flexion and rotation

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Sciatica

- Perform Level 1 with the knees bent in tabletop position

Tight Hamstrings

- A client with tight Hamstrings may not be able to fully extend their knees straight
- You may need to perform Level 1 with the knees bent in tabletop position

Neck Pain

- Head should be on the mat, shoulder blades down and back, chin tucked in and neck relaxed
- Don't push through the arms and use a smaller range of movement so that you don't have to push through the arms or strain the neck to control it

Hip Pain, Hip Clicking or Hip Flexor Cramps

- Don't lower the legs as far
- Check that the T-Zone and Obliques are working
- Cue for Iliacus activation – think of using the inner thigh rather than the outer thigh to hold the legs straight, reach through the toes, draw the thigh bones into the hip socket
- Keep the legs squeezed together

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This exercise is a great for a group class as there are two levels
- Level 1 is not that difficult and is safe and accessible for a large number of clients, especially when keeping the range of movement small
- Level 2 with the legs straight is a lot more challenging
- Works well when performed straight after the Pendulum exercises
- Is a good warm up exercise to perform prior to performing Corkscrew

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Leg Positioning #1: Squeeze the Legs Together
- Leg Positioning #2: Tabletop Position
- Leg Positioning #3: Guiding Leg Height and Position

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Double Toe Taps

Intensity=3 Difficulty=2

Cueing Formula

Name of Exercise

"Double Toe Taps"

What and/or Where it Works

"The abdominal muscles"

Set Up

"Lying on the back, spine imprinted, take the legs into tabletop position, squeezed together, toes pointed. Arms relaxed by the sides on the floor, shoulder blades down and back. Chin tucked in."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, lower the toes toward the floor"



"INHALE, return the legs to tabletop"



Permission to Continue

- "Keep going, alternating sides and…"

Concentration Points

- "Keep your spine imprinted – only lower the legs down as far as possible toward the floor maintaining an imprinted spine"***
- "Really draw the ribs toward the hips as you breathe out to stop the back form arching"***
- "Keep the T-Zone and abdominals tight to stop the hips rocking or the back from arching"***
- "Draw the ribs toward the hips as the legs lower down"***
- "Squeeze the legs together and use the inner thighs not the outer thighs to move the legs"***
- "Keep the pelvis still and spine imprinted"
- "Keep the neck and shoulders relaxed on the floor, shoulder blades down and back"
- "Only come back to tabletop, no closer to the chest, keeping the tailbone down"

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- "Keep the knees bent to 90 degrees as you lower to the floor"

To Make it Easier

- "Tap the toes closer to the bottom"
- "Don't take the feet all the way to the floor - only take the feet as close to the floor as possible without losing the imprint"
- "Draw the knees slightly toward the chest rather than true tabletop position (but keep the tailbone down)"

To Make it Harder

- "Tap the toes further away from the body"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Letting the T-Zone go and the Rectus Abdominus pop out
- Losing the Obliques go, losing the imprinted spine, arching the lower back and flaring the ribs
- Lifting the head and shoulders off the floor and tensing the neck
- Not keeping the legs squeezed together

Encourage and Inspire

- "Excellent work!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, tap the feet down"
- "INHALE, return to tabletop"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- Good at holding tabletop position
- Good T-Zone and Oblique activation

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Muscles and Movements

Target Muscles

- Internal Obliques, External Obliques and Rectus Abdominus to stop the back from arching

Accessory Muscles

- Hip Flexors to hold the legs up into tabletop position, lift the legs (hip flexion) and to control lowering the legs toward the floor (eccentrically controlling hip extension)

Stabilising Muscles

- T-Zone to stop the hips from rocking and stabilise the spine, drawing the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stabilise the hips and stop them from clicking

Injuries/Caution

Lower Back Pain

- You can easily hurt the back, neck and Hip Flexors if done incorrectly or if a client is not strong enough for this exercise
- Don't use this exercise for anyone who has a very Lordotic lumbar spine and is very tight/overactive in their Quadriceps or Hip Flexors
- Check T-Zone and imprinted spine, really cue to use the abdominals
- Tap the feet closer to the body or don't go all the way to the floor
- Draw the knees slightly closer toward the chest rather than in true tabletop position (but only as far as you can keep the tailbone down)
- Placing a cushion under the head places the spine in slight flexion and can help Oblique activation to prevent the lower back from arching
- Try with a neutral spine position and see if it feels more comfortable, otherwise discontinue exercise until the abdominals are stronger (this is particularly helpful for clients who may round their lower back too much and lift their tailbone)

Neck Pain

- Use a head cushion
- Relax the shoulders and neck, draw the shoulder blades down and back

Foot or Calf Cramps

- Don't point the toes as much
- Try tapping with the heel instead of the toes

Hip Flexor Cramps or Tightness

- Cue to activate Iliacus – draw the thigh bone into the hip socket, use the inner thigh not the outer thigh

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Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- A great exercise for a group class as there are many levels to choose from
- The exercise is easily modifiable for difficulty by how close/far away from the body the toes are tapped and also by how far down toward the floor the feet are lowered
- For a large group with some beginners and advanced clients, you can create a layering sequence by combining after Lift Foot which allows the individual to remain at their chosen level of difficulty (ie. the whole group starts with Lift Foot, then those that can progress go into Tabletop Preparation, then those who can progress go onto Toe Taps or Double Toe Taps)
- Perfect for anyone with neck pain who struggles to lift their head during abdominal exercises
- Although this is a simple exercise it is quite hard to do properly without arching the back
- Clients with an increased lumbar Lordosis may struggle not to arch their back – stretching the Quadriceps and Hip Flexors beforehand may help with this
- Getting the clients to put their fingers on their hips and thumbs on the bottom of their ribcage can help give them feedback about keeping the rib to hip connection and not flaring the ribs or arching the back
- You can use a head cushion which raises the upper body slightly, this assists with drawing the ribs toward the hips and activating the abdominals

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #11: Preventing the Pelvis from Rocking
- Leg Positioning #1: Squeeze the Legs Together
- Leg Positioning #2: Tabletop Position

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Double Leg Slides + Arm Preparation

Intensity=1.5 Difficulty=2

Cueing Formula

Exercise Tip: In the Set Up for this exercise, you may choose to cue the client so that their bottom is at the end of the mat with their feet off the mat. This can help the heel to slide easier along the floor.

Name of Exercise

"Double Leg Slides + Arm Preparation"

What and/or Where it Works

"This works the abdominal muscles"

Set Up



"Lying on the back with the knees bent, feet on the mat, hip distance apart. Arms straight up toward the ceiling with the palms facing in, shoulders down and back, chin tucked in. Neutral spine."

Breathing and Movement



"INHALE, T-Zone"

"EXHALE, slide the heels away and take the arms overhead toward the floor"



"INHALE, draw the heels back in, fingers to the ceiling"

Permission to Continue

- "Keep going and…"

Concentration Points

- "Only slide the legs out and raise the arms as far as possible without the back arching"***
- "As you breathe out, really draw your ribs toward your hips, tightening your abdominals"***
- "Use your abdominals to stop your lower back from arching"***
- "Keep your shoulder blades down and back and the neck relaxed"***
- "Keep your arm bones drawing back in the shoulder sockets so that the back of the shoulders remain in contact with the mat the whole time"***
- "Keep the elbows straight and the arms shoulder width apart as they raise overhead"***
- "Keep light pressure through your heels on the floor, don't press down too hard"***
- "Keep your T-Zone tight to stop the hips from rocking"
- "Keep the knees pointing straight up toward the ceiling, don't let the legs turn in or out"
- "Try to keep the feet hip distance apart, slide in and out with control"

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To Make it Easier

- "Don't slide the legs out or raise the arms as far"

To Make it Harder

- "Slide the legs out and raise the arms further"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Arching the lower back or letting the ribcage pop out – taking the arms and legs too far and not using the abdominals properly
- Rotating/twisting the pelvis – focus on the appropriate Oblique and T-Zone lines
- Not keeping the legs in line with the hips and the knees pointing straight up toward the celling ie. abducting or rotating the sliding leg (knee rolls in or out)
- Hunching or rounding the shoulders
- Bending the elbows or taking the arms too wide
- Poking the chin out

Encourage and Inspire

- "Let's do a couple more!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, slide the heels away and raise the arms overhead"
- "INHALE, return the arms and legs to the start position"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Arm Preparation, Leg Slides

Muscles and Movements

Target Muscles

- Internal and External Obliques to prevent the lower back from arching

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Accessory Muscles

- Hip Flexors to slide the legs out (eccentric hip extension) and draw them in (hip flexion)
- Hamstrings to bend the knees and draw the heels back in (knee flexion)
- Deltoid muscles to raise the arms overhead (shoulder flexion)
- Quadriceps to straighten the knees (knee extension)

Stabilising Muscles

- Transversus Abdominus to prevent the hips from rocking
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Gluteus Medius and Minimus to stabilise the pelvis and prevent the pelvis from rocking and prevent the knees from rolling in (hip external rotation)
- VMO to stabilise the knees

Injuries/Caution

Tight Hip Flexors or Lordosis Posture

- People with tight Hip Flexors may arch the lower back as the legs slide out – don't slide out far
- Stretch the Hip Flexors before doing this exercise to allow more range of movement
- Try with an imprinted spine

Lower Back Pain

- Don't slide out as far or raise the arms as far overhead
- Check the T-Zone activation
- Really emphasise the ribs to hips on the breath out
- Stretch the Hip Flexors prior to the exercise
- Try using an imprinted spine
- Try performing the exercise sliding only one leg out rather than both legs



Modification Sliding One Leg Out

Upper Back Pain

- Stretch the Latissimus Dorsi prior to the exercise
- Decrease the range of motion of both the arms and legs
- Omit the arms and perform Double Leg Slides

Shoulder Pain

- Don't force through pain – limit to the pain free range of movement
- Make sure that the shoulders are staying down and back on the mat

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- Try different hand positions eg. palms facing up, in or down to see if it helps
- Take the hands a little wider apart
- Take care with shoulder impingement, Rotator Cuff problems and frozen shoulders
- You may need to stretch the Pectoralis Major and Latissimus Dorsi first so there is more available shoulder flexion range of movement without the ribcage popping
- Try performing the exercise with only taking one arm overhead, or omitting the arm movement and placing the hands by the sides



Modification Taking One Arm Overhead

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This exercise challenges the abdominals and can be difficult not to arch the lower back
- Clients with tight Hip Flexors and Latissimus Dorsi muscles may not be able to slide out very far before their lower back arches and their ribcage pops out
- In a group class, for clients who struggle with this exercise, you may wish to have them perform either the arm or leg movement of this exercise in isolation rather than both together
- Works well when performed directly after Leg Slides or Arm Preparation, or before Full Hundreds Preparation
- If performing this exercise prior to Full Hundreds Preparation, you may like to turn the palms to face the knees/face downward rather than facing in toward each other, so that the hands are positioned the same way as in Full Hundreds Preparation

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Arm Positioning #1: Guiding Arm Position and Movement

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Full Hundreds Preparation

Intensity=3 Difficulty=3

Cueing Formula

Name of Exercise

"Full Hundreds Preparation"

What and/or Where it Works

"This works the abdominals"

Exercise Tip: Lie on the back with the buttocks close to the end of the mat and the feet on the floor.

Note that the arm position differs to Double Leg Slides + Arm Preparation in that the palms face the knees rather than in toward each other and the legs are squeezed together rather than hip distance apart. This places the hands in the correct position for when the body curls up and the arms go past the hips and places the legs in the correct position for when they extend.

Note that the spinal position for this exercise differs from the other Supine Abdominal Series exercises where the feet are down on the mat as it is in imprinted rather than neutral spine. This is because both legs lift off the mat during the exercise.

Set Up

"Lying on the back with the knees bent, feet on the floor, knees squeezed together. Arms straight up toward the ceiling, palms facing the knees, shoulder blades down and back, chin tucked in. Imprinted spine."



Breathing and Movement

"INHALE, T-Zone"



"EXHALE, slide the heels away and take the arms overhead toward the floor"

"INHALE, draw the heels back in, fingers to the ceiling"



"EXHALE, curl the body up, hand past the hips, extend the legs toward the ceiling, toes pointed"



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"INHALE, bend the knees and place the feet back to the floor…"



"…then return the head and shoulders to the floor, arms to the ceiling"



Permission to Continue

- "Keep going, EXHALE to slide the arms and legs out, INHALE to return, EXHALE to curl up and extend the legs, INHALE to return back down, and…"

Concentration Points

- "Keep the abdominals tight and spine imprinted as the feet lower down to the floor and as the arms and legs slide out"***
- "Only slide the legs out and raise the arms as far as possible without the back arching"***
- "Use the breath out to really draw your ribs to your hips, tightening your abdominals"***
- "When you curl up, flatten the T-Zone and reach through the fingers"***
- "Shoulder blades down and back, eyes on the knees, chin tucked in"***
- "When curling the body up, raise the head first, then the legs"
- "When returning back to the floor, lower the feet, then the head and shoulders"
- "Keep the feet in contact with the floor as they slide away"
- "Keep the legs squeezed together"

To Make it Easier

- "Don't slide the legs out or raise the arms as far"
- "Keep the head down on the cushion or mat if your neck gets tired"

To Make it Harder

- "Slide the legs out and raise the arms further"
- "When you curl up, extend the legs lower down toward the floor"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Arching the lower back or letting the ribcage pop out – taking the arms and legs too far and not using the abdominals properly
- Losing the T-Zone and the abdominals bulging out, lower back arching and the ribs flaring
- Hunching the shoulders, poking the chin out

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- Raising the legs too close toward the chest and lifting the tailbone
- Incorrect coordination of the arms and legs
- Separating the knees, not reaching through the toes and not fully straightening the legs

Encourage and Inspire

- "Best technique I've seen all day!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, slide the heels away and raise the arms overhead"
- "INHALE, return the arms and legs to the start position"
- "EXHALE, curl up, hands past the hips, extend the legs"
- "INHALE, rest back down, fingers to the ceiling, feet on the floor"

Ending the Exercise

- "… and rest back down"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Hundreds Preparation
- MATWORK PROGRESSIONS PREREQUISITES: Double Leg Slides + Arm Preparation

Muscles and Movements

Target Muscles

- External and Internal Obliques to curl the body up (thoracic flexion), draw the ribs toward the hips and keep the spine imprinted, prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic flexion)
- Hip Flexors to raise the legs toward the ceiling and control sliding the legs out and draw the legs in (eccentric hip extension and hip flexion)
- Quadriceps to straighten the knees (knee extension)
- Hamstrings to bend the knees and draw the heels back in (knee flexion)
- Adductors to squeeze the legs together (hip adduction)
- Deltoids to raise the arms overhead (shoulder flexion)

Stabilising Muscles

- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)

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- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

Injuries/Caution

Lower Back Pain

- Check the T-Zone activation
- Really emphasise the ribs to hips on the breath out
- Stretch the Hip Flexors prior to the exercise
- Don't slide the legs out as far or raise the arms as far overhead
- When raising the legs, bring them slightly closer to the chest (but keep the tailbone down) and bend the knees slightly, especially if the Hamstrings are tight
- Try using a neutral spine position and see if it feels more comfortable
- Clients may feel pain either when they slide their legs out or when they extend the legs up to the ceiling – if this is the case, either omit the legs sliding out component or keep the feet on the floor when curling the body up
- If pain persists, perform Abdominal Curl 1 (Feet Down) or Double Leg Slides + Arm Preparation instead

Sciatica

- Be careful with or avoid this exercise as it involves a neural tension position
- Omit the legs raising in the air, keep the feet on the mat at all times

Tight Hamstrings

- Some clients may not be able to fully straighten their knees
- Try extending the legs lower but only if strong enough to do this without arching the back
- Alternatively, keep the knees slightly bent

Neck Pain

- Cue to use the abdominals to curl up higher and reach through the fingers
- Shoulders down and back, eyes on the knees, chin tucked in (but not too far)
- Place the head down on a cushion or the mat – note, it will be harder to stop the back arching

Cervical Disc Injuries

- Avoid lifting the head for a cervical Disc Bulge
- Place the head down on a cushion or the mat – note, it will be harder to stop the back arching

Upper Back Pain

- Stretch the Latissimus Dorsi prior to the exercise
- Decrease the range of motion of both the arms and legs
- Omit the arms and perform Double Leg Slides

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Shoulder Pain

- Don't force through pain – limit to the pain free range of movement
- Try different hand positions eg. palms facing up, in or down to see if it helps



Modification with Palms Facing In

- Take the hands a little wider apart
- Take care with shoulder impingement, Rotator Cuff problems and frozen shoulders
- You may need to stretch the Pectoralis Major and Latissimus Dorsi first so there is more available shoulder flexion range of movement without the ribcage popping
- Omit the arms moving overhead if pain persists



Modification Omitting Arms Overhead

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- Always cue to curl the upper body up before you cue to raise the legs, and cue to bend the knees and return the feet to the floor before you cue to lower the head and shoulders
- This exercise challenges the abdominals and can be difficult to not arch the lower back
- Clients with tight Hip Flexors and Latissimus Dorsi muscles may not be able to slide out very far before their lower back arches and their ribcage pops out
- This is a great exercise for a group class as there are lots of options to make the exercise easier or harder
- Works well when performed directly after Double Leg Slides + Arm Preparation
- You can do this exercise as a precursor for Hundreds

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #3: Guiding Leg Height and Position
- Arm Positioning #1: Guiding Arm Position and Movement
- Arm Positioning #2: Reaching Through the Fingers

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Double Leg Stretch

Intensity=3.5 Difficulty=3.5

Cueing Formula

Exercise Tip: Note the additional demonstration section below. While we recommend that you perform a demonstration before cueing all exercises, the demonstration for Double Leg Stretch is very specific as it needs to include the 2 levels and some safety points. As such, we have included an additional Demonstration section for this exercise.

Name of Exercise

"Double Leg Stretch"

What and/or Where it Works

"This works the abdominal muscles"

Demonstration

Cue the following while demonstrating each level –

"There are 2 levels in Double Leg Stretch. Level 1 is with the legs in tabletop position, Level 2 is with the legs extended straight up toward the ceiling. You'll be curled up and holding this position while circling the arms 3 times, then lowering back down to the start position. If your neck gets tired, place your head on the mat"

Set Up

"Lying on the back, spine imprinted, legs in tabletop position, knees squeezed together. Hands around the knees, shoulder blades down and back and chin tucked in."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, curl the body up, hands past the hips and take the legs into level 1 or 2. Hold this position, circling the arms…"



Level 1 (Tabletop)



Level 2 (Legs Extended)

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"INHALE, take the hands up toward the ceiling, keeping the body curled up"



"EXHALE, open the hands out to the sides…"



"…and circle them back down past the hips"

"INHALE, raise the hands up, maintain the curl"
"EXHALE, circle the arms around"

"INHALE, raise the arms"
"EXHALE, circle the arms"

"INHALE, lower the body back down and bring the legs into tabletop position, hands to the ceiling"

Permission to Continue

- "Keep going, curling up and holding, circling the arms three times, then resting back down"

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Concentration Points

- "Keep the ribs curled toward the hips, do not lose the abdominal connection as you circle the arms - keep the body curled up high, really reach through your fingers"***
- "Only take the hands to shoulder height, no further"***
- "Keep the eyes on the knees, don't look at your hands"***
- "Chin tucked in, shoulder blades down and back"***
- "T-Zone tight, maintain the imprint"***
- "Keep the legs squeezed together the whole time"

To Make it Easier

- "Make the arm circles smaller, don't raise them as high or open them as wide"
- "Only circle the arms once, then come back into tabletop position and rest down"
- "Place the head down on the cushion or head rest"

To Make it Harder

- "Make the arm circles larger, taking the arms further overhead and further out to the sides (without flaring the rib cage, hunching the shoulders or losing the upper body curl)"
- "Extend your legs lower (without arching the lower back and losing the abdominals)"
- "Stay curled up and perform more arm circles before resting back down"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not keeping the body curled up high enough as the arms circle
- Looking at the arms as they circle, not keeping the eyes on the knees
- Letting the T-Zone go and the abdominals bulge out
- Raising the arms up too far, losing control, arching the lower back and flaring the ribcage
- Opening the arms out too far, arching the upper back and popping the shoulders forward
- Hunching the neck and shoulders, poking the chin out, looking at the hands as they circle
- Not squeezing the legs together
- Lifting the tailbone

Encourage and Inspire

- "Let's do a couple more!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, hands up toward the ceiling"
- "EXHALE, circle the arms around and back past the hips"

Ending the Exercise

- "… and come back into tabletop position, hands around the knees and rest"

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Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Hundreds, Arm Preparation

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl the body up (thoracic flexion), draw the ribs toward the hips and keep the spine imprinted, prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic flexion)
- Hip Flexors to raise the legs up (hip flexion)
- Quadriceps to straighten the knees (knee extension)
- Deltoids to raise the arms overhead (shoulder flexion)
- Latissimus Dorsi and Pectoralis Major to sweep the hands in to the body (shoulder adduction)

Stabilising Muscles

- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stabilise the hips
- Rotator Cuff to stabilise the shoulder joints

Injuries/Caution

Lower Back Pain

- Make sure that the spine is imprinted, abdominals are tight, the body is curled up high
- Don't take the arms too far overhead
- Have frequent rests, only performing a few repetitions before resting back down
- Perform Level 1 with the legs in tabletop position rather than extending the legs

Sciatica or Tight Hamstrings

- Perform Level 1 with the legs in tabletop

Shoulder Pain

- Don't let the shoulders hunch up or round forward, keep the shoulder blades down and back
- Try a smaller range of motion ie. don't raise the arms as far overhead or circle them as wide
- Avoid this exercise if pain persists – this is not the best exercise for clients with shoulder pain

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Neck Pain

- Keep the upper body curled up high – if the upper body starts to lower down, the neck strains
- The eyes should keep looking at the knees rather than following the hands
- Check the neck position – chin tucked in, shoulders down and back
- Only take the arms back up to shoulder height, not further
- Place the head down on a cushion or the mat

Cervical Disc Injuries

- Avoid lifting the head for a cervical Disc Bulge
- Place the head down on a cushion or the mat – note, it will be harder to stop the back arching

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- Is a good option for a harder abdominal exercise for clients with a Lordosis who had difficulty lowering their legs without arching their lower back, as the arms are the body part that move to add resistance to the exercise rather than the legs lowering
- Can be a difficult exercise for clients with neck pain as clients can easily lose the correct technique and place strain on their neck
- You need to focus your cues on telling the clients to keep their body curled up as high as possible as they circle their arms

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Arm Positioning #1: Guiding Arm Position and Movement
- Arm Positioning #2: Reaching Through the Fingers
- Leg Positioning #1: Squeeze the Legs Together
- Leg Positioning #2: Tabletop Position

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Full Double Leg Stretch

Intensity=4 Difficulty=4

Cueing Formula

Name of Exercise

"Full Double Leg Stretch"

What and/or Where it Works

"This works the abdominal muscles

Set Up

"Lying on the back, spine imprinted, legs in tabletop position, knees squeezed together. Hands on the knees, shoulder blades down and back and chin tucked in."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, curl the body up, hands stay on the shins"



"INHALE, keep the body curled up, raise the arms overhead and extend the legs out low"



"EXHALE, bend the knees back into tabletop whilst circling the arms out to the sides…"



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"…then return the hands to the shins, keeping the body curled up"



Permission to Continue

- "Keep going, INHALE to extend the arms and legs out, EXHALE to draw in, hands on shins"

Concentration Points

- "Keep the ribs curled toward the hips, don't lose the abdominal connection as you extend the arms and legs"***
- "Keep the eyes on the knees, don't look at your hands"***
- "Chin tucked in, shoulder blades down and back"***
- "T-Zone tight, maintain the imprint"***
- "Keep the body curled up the whole time, even as you come back into tabletop position"
- "Keep the legs squeezed together, reach through the toes"

To Make it Easier

- "Don't extend the legs as low"
- "Don't take the arms as far overhead or circle them as wide

To Make it Harder

- "Extend your legs lower (without arching the lower back and losing the abdominals)"
- "Make the arm circles larger (without flaring the ribs, hunching the shoulders or the body lowering down)"
- "Stay curled up and perform more repetitions before resting back down"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not keeping the body curled up high enough as the arms circle
- Not keeping the legs moving in time with the rest of the body, if the legs extend first or bend last, the lower back is more likely to arch
- Letting the T-Zone go and the abdominals bulge out
- Looking at the arms as they circle, not keeping the eyes on the knees
- Raising the arms or lowering the legs too far, losing control, arching the back/flaring the ribs
- Opening the arms out too far, arching the upper back and popping the shoulders forward
- Hunching the neck and shoulders, poking the chin out, looking at the hands as they circle
- Not squeezing the legs together
- Lifting the tailbone

Encourage and Inspire

- "Excellent work!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, extend the arms and legs out"
- "EXHALE, legs back into tabletop, circle the arms and hands on the shins"

Ending the Exercise

- "…and come back into tabletop position, hands on the shins and rest the head and shoulders down"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Hundreds (Level 3)
- MATWORK PROGRESSIONS PREREQUISITES: Double Leg Stretch, Double Leg Lowers

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl the body up (thoracic flexion), draw the ribs toward the hips and keep the spine imprinted, prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic flexion)
- Hip Flexors to hold the legs up and draw the legs in (hip flexion)
- Quadriceps to straighten the knees (knee extension)
- Deltoid muscles to raise the arms overhead (shoulder flexion)
- Latissimus Dorsi and Pectoralis Major to sweep the hands in to the body (shoulder adduction)

Stabilising Muscles

- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stabilise the hips
- Rotator Cuff to stabilise the shoulder joints

Injuries/Caution

Lower Back Pain

- Make sure that the spine is imprinted, abdominals are tight, the body is curled up high
- Don't take the arms too far overhead or the legs too low

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- Have frequent rests, only performing a few repetitions before resting back down
- If pain persists, perform Double Leg Stretch - Level 1 (Tabletop) instead

Sciatica

- Avoid this exercise, perform Double Leg Stretch Level 1 (Legs in Tabletop)

Shoulder Pain

- Try a smaller range of motion ie. don't raise the arms as far overhead or circle them as wide
- Avoid this exercise if pain persists – this is not the best exercise for clients with shoulder pain
- Don't let the shoulders hunch up or round forward, keep the shoulder blades down and back
- If pain persists, discontinue the exercise

Neck Pain

- Keep the upper body curled up high – if the upper body starts to lower down, the neck strains
- The eyes should keep looking at the knees rather than following the hands
- Check the neck position – chin tucked in, shoulders down and back
- Don't extend the arms as far overhead
- Place the head down on a cushion or the mat – not that this makes it harder to keep the spine imprinted and not arch the lower back

Cervical Disc Injuries

- Avoid lifting the head for a cervical Disc Bulge
- Place the head down on a cushion or the mat – note, it will be harder to stop the back arching
- Go back to performing Double Leg Stretch instead, keeping the head down

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This exercise progresses Double Leg Stretch by adding in lowering the legs to the arms circling
- Can be difficult for clients with neck pain as the head lift is sustained throughout the exercise
- You need to focus your cues on telling the clients to keep their body curled up as high as possible as they extend their arms and legs, and keep their spine imprinted

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Arm Positioning #1: Guiding Arm Position and Movement
- Arm Positioning #2: Reaching Through the Fingers
- Leg Positioning #1: Squeeze the Legs Together
- Leg Positioning #2: Tabletop Position
- Leg Positioning #3: Guiding Leg Height and Position

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Scissors

Intensity=3.5 Difficulty=3

Cueing Formula

Exercise Tip: When curling up and extending the legs, always curl the body up prior to moving the legs. This exercise involves curling up into the Hundreds Level 2 position then scissoring the legs.

Name of Exercise

"Scissors"

What and/or Where it Works

"This works the abdominal muscles"



Set Up

"Lying on the back, spine imprinted, legs in tabletop position, knees hip distance apart. Hands around the knees, shoulder blades down and back and chin tucked in."

Breathing and Movement



"INHALE, T-Zone"

"EXHALE, curl the body up, hands past the hips, extend the legs up toward the ceiling toes pointed"

"INHALE, hold and tighten the T-Zone"



"EXHALE, lower one leg down toward the floor"



"INHALE, draw the leg back up"

"Alternate sides"

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Permission to Continue

- "Keep going, alternating legs, INHALE to raise and EXHALE to lower"

Concentration Points

- "Keep the ribs curled toward the hips, don't lose the abdominal connection - keep the body curled up high, really reach through your fingers"***
- "T-Zone tight, maintain the imprint"***
- "Draw the ribs toward the hips more with each exhale, only lowering the leg as far as you can without arching your lower back"***
- "Draw the leg up slowly with control, only as far as you can without the tailbone lifting"***
- "Make sure that the stationary leg stays vertical and doesn't come toward the chest or fall away from the body"***
- "Keep the eyes on the knees, chin tucked in, shoulder blades down and back"
- "Point and reach through the toes, really straightening and lengthening through the legs"
- "Keep the legs hip distance apart and don't let them roll in or out"

To Make it Easier

- "Don't lower the legs as far, do smaller scissors"
- "If you need to, come into tabletop to have a rest, then come back up and start scissoring"

To Make it Harder

- "Scissor the legs lower"
- "Scissor the legs faster and keep them moving the whole time, INHALE as you swap the legs and EXHALE as you lower"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not keeping the body curled up high enough
- Letting the T-Zone go and the abdominals bulge out
- Scissoring the legs too low and arching the lower back, flaring the ribs
- Raising the legs too far and lifting the tailbone
- Twisting the pelvis, moving the upper body side to side
- Hunching the neck and shoulders, poking the chin out, wrong eye line
- Not pointing and reaching through the toes - flexing the foot rather than pointing can engage the Quadriceps too much (which can tilt the pelvis and arch the back), pointing the toes assists correct activation of the Iliacus
- Not keeping the legs hip distance apart or allowing them to rotate in or out
- Bending the knees, not keeping them straight

Encourage and Inspire

- "Awesome work with those Scissors, keep it up!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, scissor the leg down"
- "INHALE, return the leg back up"

Ending the Exercise

- "…and come back into tabletop position, hands on the knees and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Bicycle Legs, Hundreds (Level 2)

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl the body up (thoracic flexion), draw the ribs toward the hips and keep the spine imprinted, prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic flexion)
- Hip Flexors to raise (hip flexion) and lower the legs (eccentrically controlling hip extension)
- Quadriceps to keep the knees straight (knee extension)

Stabilising Muscles

- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stop the hips from clicking

Injuries/Caution

Neck Pain

- Check the neck position and eye line, shoulders down and back, chin tucked in
- Make sure that the chin isn't tucked in too far or poking out
- Ensure that the client is always reaching through the fingers and is curled up high enough
- Place one or both hands behind the head
- Place the head down on a cushion or the mat – note, it will be harder to stop the back arching

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Cervical Disc Injuries

- Avoid for a cervical Disc Bulge
- Place the head down on a cushion or the mat – note, it will be harder to stop the back arching

Lower Back Pain

- This is not the best exercise for someone with lower back pain as it is very challenging
- Check the spinal position, the abdominals are tight, the body is curled up as high as possible
- Keep the scissors small and high, don't scissor the legs too low
- Have frequent rests, only performing a few repetitions before resting back down
- If pain persists, perform Bicycle Legs instead or try the Scissors modification below with one foot down



Modification with One Foot Down

Sciatica

- Avoid as this exercise involves a neural tension position

Tight Hamstrings

- Don't raise the legs up as high
- Clients who have strong abdominals may be able to lower their legs further, therefore they will still be able to perform a fairly large range of movement
- Clients with weak abdominals will need to decrease the range of movement in both directions so that the back doesn't arch and the tailbone stays down

Hip Pain, Hip Clicking or Hip Flexor Cramps

- This is a hard exercise and requires a lot of Iliacus strength – avoid if not strong enough
- Decrease the range of movement of both legs
- Make sure that the spine is imprinted, and the T-Zone and Iliacus are working
- Cue Iliacus – use the inner thigh not the outer thigh, draw the thigh bone into the hip socket
- Try externally rotating the legs to help the Iliacus and Adductors switch on
- Keep the legs hip distance apart and do not let the knees roll in
- Focus on really pointing and reaching through the toes

Pregnancy

- This exercise is safe to perform for most clients in the first trimester

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- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a difficult exercise for anyone with a Lordosis or weak abdominals
- Emphasise drawing the ribs toward the hips on the breath out to really engage the abdominals and prevent the back from arching
- Stretch the Hamstrings at the start of the program to increase Hamstring flexibility and the ability to raise the legs up to vertical
- Works well when performed after Hundreds Preparation or Hundreds (Level 2)
- Substitute with Bicycle Legs if this is too difficult for a client

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes
- Arm Positioning #2: Reaching Through the Fingers

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Criss Cross + Scissors

Intensity=3.5 Difficulty=3.5

Cueing Formula

Exercise Tip: This exercise differs to Criss Cross in Matwork as it is not advised to rest the head down on the mat in between repetitions as a way to make it easier as that would place a lot of strain on the lower back due to the legs being extended.

Name of Exercise

"Criss Cross with Scissors"

What and/or Where it Works

"This works the abdominal muscles"

Set Up

"Lying on the back, spine imprinted, take the legs into tabletop position, hip distance apart. Hands behind the head with the elbows wide. Shoulders down and back, chin tucked in."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, curl the body up and extend both legs up toward the ceiling, toes pointed"



"INHALE, hold and tighten the T-Zone"

"EXHALE, hold one leg still as you rotate the shoulder toward that hip and lower the opposite leg toward the floor"



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"INHALE, rotate the body back to the centre and return the leg"



"EXHALE, hold the other leg still, rotate the body toward the stationary leg and lower the other leg"



"INHALE, rotate the body back to the centre and return the leg"



Permission to Continue

- "Keep going, maintaining the curl, and…"

Concentration Points

- "Rotate toward the opposite leg, keeping it stationary and lowering the other leg down"***
- "Draw the ribcage toward the opposite hip, or the shoulder toward the opposite thigh"***
- "Make sure that the stationary leg stays vertical and doesn't come toward the chest or fall away from the body"***
- "Keep the pelvis still on the mat with the tailbone down"***
- "T-Zone to keep the abdominals flat and scooped"***

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- "Keep the elbows wide, shoulder blades down and back, head relaxed into the hands"***
- "Maintain the imprinted spine"
- "Use your breath out to tighten the Obliques to curl up and rotate the body"
- "Chin tucked in and eyes looking to the side of the room just past the knee"
- "Point and reach through the toes, really straightening and lengthening through the legs"
- "Rotate the body and lower the leg at the same time"

To Make it Easier

- "Don't lower the leg as far"

To Make it Harder

- "Lower the leg further"
- "Scissor the legs faster and keep them moving the whole time, INHALE as you swap the legs and return to centre and EXHALE as you rotate and lower the opposite leg"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Rotating the wrong way (ie. to the lowering leg rather than the vertical leg)
- Scissoring the legs too low and arching the lower back, flaring the ribs
- Raising the legs too far and lifting the tailbone
- Not keeping the body curled up high enough (unless resting down in between repetitions)
- Letting the T-Zone go and the abdominals bulge out
- Twisting the pelvis
- Laterally flexing the spine instead of pure rotation
- Hunching the neck and shoulders, poking the chin out, wrong eye line
- Bringing the elbow across rather than keeping them wide
- Not pointing and reaching through the toes - flexing the foot rather than pointing can engage the Quadriceps too much (which can tilt the pelvis and arch the back), pointing the toes assists correct activation of the Iliacus
- Not keeping the legs hip distance apart or allowing them to rotate in or out
- Bending the knees, not keeping them straight

Encourage and Inspire

- "Fabulous! Keep it up!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, rotate the body, lower the other leg"
- "INHALE, back to centre, raise the leg"
- "EXHALE, rotate and lower"
- "INHALE, return"

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Ending the Exercise

- "…and come back into tabletop position, and rest back down"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Criss Cross
- MATWORK PROGRESSIONS PREREQUISITES: Scissors

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl up and rotate the body (thoracic flexion and rotation), draw the ribs toward the hips and keep the spine imprinted, prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic flexion)
- Hip Flexors to raise (hip flexion) and lower the legs (eccentrically controlling hip extension)
- Quadriceps to keep the knees straight (knee extension)

Stabilising Muscles

- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stop the hips from clicking

Injuries/Caution

Neck Pain

- Cue to use the abdominals more to curl the body up rather than using the neck or arms
- Keep the chin tucked in, check the eye line, ensure that the head is relaxed into the hands
- Place one or both hands behind the head
- If pain persists, keep the head down and perform Scissors or Bicycle Legs instead

Cervical Disc Injuries

- Avoid for a cervical Disc Bulge
- Keep the head down and perform Scissors or Bicycle Legs instead

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Shoulder Pain

- Shoulder blades down and back, don't take the elbows quite as wide
- Try using an alternate arm position – start with the arms straight up toward the ceiling, then sweep the hands on either side of the knee as you curl up

Lower Back Pain

- This is not the best exercise for someone with back pain as it is very challenging
- Check the spinal position, the abdominals are tight, the body is curled up as high as possible
- Keep the scissor movements of the legs small and high, don't scissor the legs too low
- Have frequent rests, only performing a few repetitions before resting back down
- If pain persists, perform Criss Cross instead

Lumbar Disc Injuries

- Avoid for a lumbar Disc Bulge

Sciatica

- Avoid as this exercise involves a neural tension position

Tight Hamstrings

- Don't raise the legs up as high
- Clients who have strong abdominals may be able to lower their legs further, therefore they will still be able to perform a fairly large range of movement
- Clients with weak abdominals will need to decrease the range of movement in both directions so that the back doesn't arch and the tailbone stays down

Hip Pain, Hip Clicking or Hip Flexor Cramps

- This is a hard exercise and requires a lot of Iliacus strength – avoid if not strong enough
- Decrease the range of movement of both legs
- Make sure that the spine is imprinted, and the T-Zone and Iliacus are working
- Cue Iliacus – use the inner thigh not the outer thigh, draw the thigh bone into the hip socket
- Try externally rotating the legs to help the Iliacus and Adductors switch on
- Keep the legs hip distance apart and do not let the knees roll in
- Focus on really pointing and reaching through the toes

Upper Back Pain

- There is a lot of rotation and flexion through the thoracic spine with this exercise so if it is a stretch pain that is okay, if it is a bad pain then decrease the range of motion
- Check the T-Zone and Oblique activation, the imprint and ribcage positioning
- If this does not correct the pain then discontinue the exercise until stronger and more flexible, or go back to performing Scissors

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Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a difficult exercise for anyone with a Lordosis or weak abdominals
- A great exercise to do after Criss Cross and Scissors
- Is quite a difficult exercise to co-ordinate for some clients
- If clients are struggling with the coordination, or you are struggling with the breathing and movement, you can get the client to curl up and start scissoring the legs, then cue them to rotate toward the stationary leg and lower the other leg down

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes

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Helicopters

Intensity=4 Difficulty=4

Cueing Formula

Name of Exercise

"Helicopters"

What and/or Where it Works

"This works the abdominal muscles"

Exercise Tip: This exercise is difficult for clients to co-ordinate, so a visual demonstration where the clients watch you before they begin the exercise is useful. Or you can tell the clients that they will be curled up in the Hundreds Level 2 position, then moving their legs – scissor, scissor, circle around and swap. You can use your arms to demonstrate these movements.

Note that there is a double exhale in the Breathing and Movement for this exercise as the legs scissor. This is similar to a double 'huff' breath where you perform 2 short breaths out, breathing out a little on the first exhale and then breathing out a little more on the second exhale.

Set Up

"Lying on the back, spine imprinted, legs in tabletop position, knees hip distance apart. Hands around the knees, shoulder blades down and back and chin tucked in."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, curl the body up, hands past the hips, extend the legs up toward the ceiling, hip distance apart, toes pointed"



"INHALE, hold and tighten the T-Zone, we will be scissoring the legs"

"EXHALE, scissor one leg down"



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"EXHALE, swap the legs, scissoring the other leg down"



"INHALE, circle the legs out to the sides…"



"…and around to switch positions"



Permission to Continue

- "Keep going, scissor, scissor then circle around to swap the legs, and…"

Concentration Points

- "Keep the ribs curled toward the hips, do not lose the abdominal connection - keep the body curled up high, really reach through your fingers"***
- "T-Zone tight, maintain the imprint"***
- "Draw the ribs to the hips more with each exhale, only lowering the leg as far as you can without arching your lower back"***
- "Focus on drawing the leg up slowly and with control, only raising the leg as far as you can without the tailbone lifting"***
- "Only circle the legs as wide as you can without the T-Zone letting go"***
- "Keep the pelvis still and even weight through both buttocks, no rocking"***
- "Point your toes and really reach through your toes, lengthening the legs"***
- "Keep the eyes on the knees, chin tucked in, shoulder blades down and back"

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To Make it Easier

- "Don't scissor the legs as low or circle the legs as wide – perform smaller movements"
- "If you need to, come into tabletop and have a rest, then come back up and start again"

To Make it Harder

- "Scissor the legs lower and circle the legs wider"
- "Scissor the legs faster and keep them moving the whole time, EXHALE to swap the legs, INHALE to circle"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Getting confused with the coordination of the movement, trying to cross the legs instead of opening them to swap positions
- Scissoring the legs too low and arching the lower back, flaring the ribs
- Raising the legs too far and lifting the tailbone
- Circling the legs too wide, letting the T-Zone go and the abdominals bulge out
- Twisting the pelvis, moving the upper body side to side
- Not keeping the body curled up high enough
- Hunching the neck and shoulders, poking the chin out, wrong eye line
- Not pointing and reaching through the toes - flexing the foot rather than pointing can engage the Quadriceps too much (which can tilt the pelvis and arch the back), pointing the toes assists correct activation of the Iliacus
- Not keeping the legs hip distance apart or allowing them to rotate in or out

Encourage and Inspire

- "Let's do a couple more!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, scissor the legs"
- "EXHALE, scissor the legs"
- "INHALE, circle the legs out to the sides and swap"

Ending the Exercise

- "…and come back into tabletop position, hands on the knees and rest"

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Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Single Leg Circle
- MATWORK PROGRESSIONS PREREQUISITES: Scissors

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl the body up (thoracic flexion), draw the ribs toward the hips and keep the spine imprinted, prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic flexion)
- Hip Flexors to raise (hip flexion) and lower the legs (eccentrically controlling hip extension)
- Adductors to lift the legs up and in (hip adduction and flexion) and to control the legs lowering down and out (eccentrically controlling hip abduction and extension). Please note that the Adductors will only work if the legs are turned out from the hip joints.
- Quadriceps to keep the knees straight (knee extension)

Stabilising Muscles

- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stop the hips from clicking

Injuries/Caution

Lower Back Pain

- This exercise can be challenging for clients with back pain
- Check the spinal position, the abdominals are tight, the body is curled up as high as possible
- Keep the movements small and high, don't scissor the legs too low or circle them too wide
- Have frequent rests, only performing a few repetitions before resting back down
- If back pain persists, perform Scissors or Bicycles instead

Sciatica

- Avoid as this exercise involves a neural tension position

Tight Hamstrings

- Don't raise the legs up as high
- Clients who have strong abdominals may be able to lower their legs further, therefore they will still be able to perform a fairly large range of movement

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- Clients with weak abdominals will need to decrease the range of movement in both directions so that the back doesn't arch and the tailbone stays down

Hip Pain, Hip Clicking or Hip Flexor Cramps

- This is a hard exercise and requires a lot of Iliacus strength – avoid if not strong enough
- Decrease the range of movement
- Make sure that the spine is imprinted and the T-Zone and Iliacus are working
- Cue Iliacus – keep the legs turned out, use the inner thigh not the outer thigh, draw the thigh bone into the hip socket
- Try externally rotating the legs to help the Iliacus and Adductors switch on
- Focus on really pointing and reaching through the toes

Pubic Bone Pain

- Decrease the range of movement when opening the legs
- Avoid this exercise if pain persists

Neck Pain

- Check the neck position and eye line, shoulders down and back, chin tucked in
- Make sure that the chin isn't tucked in too far or poking out
- Place one or both hands behind the head
- Place the head on a cushion or the mat – note, it will be harder to stop the lower back arching

Cervical Disc Injuries

- Keep the head down on a cushion or the mat – note, it will be harder to stop the back arching

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This exercise can be done with the legs turned out rather than parallel which can be easier for some clients and may help those with Hip Flexor pain
- This exercise is one of the hardest supine abdominal exercises to coordinate so make sure that you give a visual demonstration first
- If a client is not understanding the movements, place your hands on your clients' ankles and guide their legs through the movements
- Substitute with Scissors or Bicycle Legs if it is too difficult for a client
- Works well when performed after the matwork exercise Single Leg Circle as this exercise contains similar movements and uses the same muscles
- Only give this exercise to clients with good abdominal and Iliacus control

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Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes
- Arm Positioning #2: Reaching Through the Fingers

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Double Leg Lowers

Intensity=4 Difficulty=3

Cueing Formula

Name of Exercise

"Double Leg Lowers"

What and/or Where it Works

"This works the abdominals"

Set Up

"Lying on the back, spine imprinted, legs in tabletop position, knees squeezed together. Hands around the knees, shoulder blades down and back and chin tucked in."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, curl the body up, sweep the hands past the hips. Extend the legs out straight, feet flexed, turned out and heels squeezed together."



"INHALE, hold and tighten the T-Zone"

"EXHALE, lower the legs down toward the floor"



"INHALE, raise the legs back up"



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Permission to Continue

- "Keep going and…"

Concentration Points

- "Keep the ribs curled toward the hips, do not lose the abdominal connection - keep the body curled up high, really reach through your fingers"***
- "T-Zone tight, maintain the imprint"***
- "Only lower the legs as far as you can without arching your lower back"***
- "Only raise the legs as far as you can without the tailbone lifting"***
- "Keep the eyes on the knees, chin tucked in, shoulder blades down and back"
- "Squeeze the heels together, keeping the legs turned out and the knees straight"

To Make it Easier

- "Don't lower the legs as far"
- "If you need to come back into tabletop and have a rest do, then come back up to start again"

To Make it Harder

- "Lower the legs further (without arching the back)"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Taking the legs too low and arching the lower back, flaring the ribs
- Raising the legs too far and lifting the tailbone
- Letting the T-Zone go and the abdominals bulge out
- Not keeping the body curled up high enough
- Hunching the neck and shoulders, poking the chin out, looking at the feet not the knees
- Using the arms and the neck to pull up with rather than the abdominals
- Not keeping the legs squeezed together
- Not turning the feet out and flexing them – turning the feet out helps to activate the Adductors, switching off the Quadriceps. Flexing the feet also helps Adductor activation

Encourage and Inspire

- "Fantastic!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, lower the legs"
- "INHALE, raise the legs"

Ending the Exercise

- "…and come back into tabletop position, hands around the knees and rest"

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Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Hundreds (Level 3)
- MATWORK PROGRESSIONS PREREQUISITES: Scissors

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl the body up (thoracic flexion), draw the ribs toward the hips and keep the spine imprinted, prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic flexion)
- Hip Flexors to raise (hip flexion) and lower the legs (eccentrically controlling hip extension)
- Quadriceps to keep the knees straight (knee extension)

Stabilising Muscles

- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stop the hips from clicking

Injuries/Caution

Lower Back Pain

- This is not the best exercise for someone with lower back pain as it is very challenging
- Check the spinal position, the abdominals are tight, the body is curled up as high as possible
- Don’t lower the legs too low - keep the movement small and high
- Have frequent rests, only performing a few repetitions before resting back down
- If a client still feels their lower back or can’t keep imprinted spine, perform Scissors or Bicycle Legs

Sciatica

- Avoid as this exercise involves a neural tension position

Tight Hamstrings

- Don’t raise the legs up as high
- Clients who have strong abdominals may be able to lower their legs further, therefore they will still be able to perform a fairly large range of movement

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- Clients with weak abdominals will need to decrease the range of movement in both directions so that the back doesn't arch and the tailbone stays down

Hip Pain, Hip Clicking or Hip Flexor Cramps

- This is a hard exercise and requires a lot of Iliacus strength – avoid if not strong enough
- Decrease the range of movement
- Make sure that the spine is imprinted and the T-Zone and Iliacus are working
- Cue Iliacus – use the inner thigh not the outer thigh, draw the thigh bone into the hip socket
- Keep the legs turned out and squeezed together, try squeezing a cushion
- Try with the legs parallel instead of turned out

Neck Pain

- Check the neck position and eye line, shoulders down and back, chin tucked in
- Make sure that the chin isn't tucked in too far or poking out
- Place one or both hands behind the head
- Place the head down on a cushion or the mat – note, it will be harder to stop the back arching

Cervical Disc Injuries

- Avoid lifting the head for a cervical Disc Bulge
- Place the head down on a cushion or the mat – note, it will be harder to stop the back arching

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This exercise is one of the hardest supine abdominal exercises, and is difficult for clients who have weak abdominals or a large Lordosis
- Substitute with Scissors or Bicycle Legs if this is too difficult for a client
- For clients with tight Hamstrings, performing a Hamstring Stretch at the start of the program will help to increase Hamstring flexibility and the ability to raise the legs up to vertical

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #1: Squeeze the Legs Together
- Leg Positioning #3: Guiding Leg Height and Position
- Leg Positioning #4: Turning the Leg Out from the Hip Joint
- Arm Positioning #2: Reaching Through the Fingers

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Bicycle Legs (On the Elbows)

Intensity=2.5 Difficulty=2.5

Cueing Formula

Name of Exercise

"Bicycle Legs on the Elbows"

What and/or Where it Works

"This works the abdominal muscles"

Set Up

"Sitting with the knees bent, feet on the mat. Lower the body back and rest on the elbows. Elbows directly underneath the shoulders, shoulder blades down and back, chin tucked in. Imprint the spine and take the legs into tabletop position, hip distance apart."



Breathing and Movement:

"INHALE, T-Zone"

"EXHALE, extend one leg out, straightening the knee"



"INHALE, return the leg back in"

"Alternate sides"



Permission to Continue

- "Continue alternating legs, and…"

Concentration Points

- "As the leg extends out, keep the abdominals and T-Zone tight to stop the back arching – use the exhale breath to draw the ribs to the hips"***
- "Only extend the leg as low as you can maintain the imprint and abdominal connection"***
- "Keep the T-Zone tight to keep the pelvis still on the mat and stop the hips from rocking"***
- "Use the exhale breath to draw the ribs toward the hips and keep the spine imprinted"***

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- "Only bring the leg back to tabletop position, not closer to the chest, tailbone down"***
- "Don't let the spine sag or round toward the floor – keep it lifted in an imprinted position"***
- "Press up to lift and open the chest, shoulder blades down and back, chin tucked in"
- "Knees pointing up to the ceiling, legs hip distance apart, point and reach through the toes"
- "You should feel it working in the abdominals, not the back or neck"

To Make it Easier

- "Extend the leg up higher"

To Make it Harder

- "Extend the leg down lower"
- "Bicycle the legs faster and keep them moving the whole time, INHALE as you swap the legs and EXHALE as you extend"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Placing the elbows in the wrong position, they should be directly under the shoulders
- Hunching or rounding the shoulders, poking the chin out
- Sagging and rounding through the upper or lower back
- Arching the lower back – not activating the abdominals (ribs to hips) or taking the legs too low
- Drawing the knee back in closer to the chest rather than tabletop position, lifting the tailbone
- Losing the T-Zone, bulging the abdominals
- Rocking/twisting the pelvis
- Not completely straightening the knee as the leg extends
- Kicking the legs out to the side rather than keeping them hip distance apart
- Rolling the knee in as the leg extends
- Not pointing and reaching through the toes - flexing the foot rather than pointing can engage the Quadriceps too much (which can tilt the pelvis and arch the back), pointing the toes assists correct activation of the Iliacus

Encourage and Inspire

- "Impressive effort everyone! Looking good!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, extend the leg"
- "INHALE, return"

Ending the Exercise

- "…come back into tabletop position, then return the feet one at a time to the mat to rest"

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Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Bicycle Legs

Muscles and Movements

Target Muscles

- Internal and External Obliques to draw the ribs toward the hips and keep the spine imprinted, prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Hip Flexors to hold the legs up in tabletop position and draw the knees toward the chest (hip flexion) and to control extending and lowering the legs (eccentrically controlling hip extension)
- Quadriceps to straighten the knees (knee extension)
- Deltoids to support the body weight

Stabilising Muscles

- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stabilise the hips and prevent clicking as the legs lower
- Multifidus to stabilise the lumbar spine

Injuries/Caution

Lower Back Pain

- Clients may feel strain in their lower back if this exercise is done incorrectly or if they are not strong enough for this exercise
- Extend the leg up higher
- Keep the spine imprinted – don't let the lower back sag through or round, and don't let it arch
- If the lower back is arching, make sure that the legs are not extending too low

Lumbar Disc Injuries

- Avoid this exercise

Neck Pain or Shoulder Pain

- Make sure that the elbows are not too far forward, too far back behind the body or too wide
- Keep the chest open and the shoulder blades down and back, chin tucked in
- Don't let the upper back sag through
- If pain persists, perform Bicycle Legs instead with the head down

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Hip Pain, Hip Clicking or Hip Flexor Cramps

- Extend the leg up higher
- Make sure that the spine is imprinted and the T-Zone and Iliacus are working
- Cue Iliacus – use the inner thigh not the outer thigh, draw the thigh bone into the hip socket
- Keep the legs hip distance apart and do not let the knees roll in

Knee Pain

- Sometimes clients may feel pain or clicking in their knee if it is unstable or they have Patellofemoral tracking problems
- Make sure that the leg is extending in line with the hip, not out to the side and not rolling in
- Focus on really pointing and reaching through the toes
- Extend the leg up higher or discontinue if it is uncomfortable

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid in the second and third trimesters

Programming Advice

- Is a good alternative to the usual supine abdominal exercises as it places the body in a different position
- Can be a good option for clients who experience neck pain when lifting their head in the supine abdominal exercises
- A good option for clients who often arch their back with the Bicycle Legs exercise as this position helps the abdominals to activate and makes it easier to keep the spine imprinted
- Certain clients, those who struggle to control their spine into flexion or those who don't have enough upper body strength to support themselves may find this exercise more challenging than the usual supine version of this exercise
- Works well when combined in a series with the other exercises in this position, such as Scissors (On the Elbows) and Beats (On the Elbows)

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #2: Tabletop Position
- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes
- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #5: Serratus Anterior
- Lumbar Spine Positioning #1: Supine Ab Exercises on Hands or Elbows

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Beats (On the Elbows)

Intensity=2.5 Difficulty=2.5

Cueing Formula

Name of Exercise

"Beats on the Elbows"

What and/or Where it Works

"This works the abdominal muscles"

Set Up

"Sitting with the knees bent, feet on the mat. Lower the body back and rest on the elbows. Elbows directly underneath the shoulders, shoulder blades down and back, chin tucked in. Imprint the spine and take the legs into tabletop position, knees squeezed together."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, curl the body up, hands past the hips. Extend the legs out straight, feet turned out, flexed and squeezed together"



"INHALE, open the legs"



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"EXHALE, beat the heels together 3 times"



"INHALE, bend the knees back into tabletop"



Permission to Continue

- "Keep going and…"

Concentration Points

- "Turn the legs out from the hip joints, knees and toes should face the side of the room"***
- "Only separate the legs to shoulder width apart no further"***
- "Squeeze the heels together when beating to activate the inner thighs"***
- "T-Zone tight and ribs to the hips/use the abdominals"***
- "Don't let the spine sag or round toward the floor – keep it lifted in an imprinted position"***
- "Press up to lift and open the chest, shoulder blades down and back, chin tucked in"
- "Keep the legs straight and turned out, feet flexed"

To Make it Easier

- "Take your legs higher up toward the ceiling"

To Make it Harder

- "Lower your legs as far as you can without arching the lower back and losing the abdominals"
- "Open the legs slightly wider (without losing the T-Zone)"
- "Continue to beat the heels for several breaths without coming back in to tabletop position. Follow the breathing pattern of -"

  "INHALE, separate the legs"
  "EXHALE, beat the heels 3 times"

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Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Placing the elbows in the wrong position, they should be directly under the shoulders
- Sagging and rounding through the upper or lower back
- Hunching or rounding the shoulders, poking the chin out
- Losing the T-Zone and imprinted spine
- Bringing the legs closer toward the chest and lifting the tailbone
- Lowering the legs too far and arching the lower back
- Opening the legs too wide and losing the T-Zone
- Not squeezing the legs together with the beats
- Not turning the feet out and flexing them – turning the feet out helps to activate the Adductors, switching off the Quadriceps, and flexing the feet in this position also helps Adductor activation

Encourage and Inspire

- "Fantastic work everyone! Keep beating those legs!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, extend the legs, feet turned out and flexed"
- "INHALE, open the legs"
- "EXHALE, beat the heels three times"
- "INHALE, legs in tabletop"

Ending the Exercise

- "…come back into tabletop position, then return the feet one at a time to the mat to rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Beats

Muscles and Movements

Target Muscles

- Internal and External Obliques to draw the ribs toward the hips and keep the spine imprinted, prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Adductors to squeeze the legs together (hip adduction)
- Hip Flexors and to hold the legs up in the air (hip flexion)

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- Quadriceps to straighten the knees (knee extension)
- Gluteus Medius to keep the legs turned out and open the legs (hip external rotation and abduction)
- Deltoids to support the body weight

Stabilising Muscles

- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Multifidus to stabilise the lumbar spine

Injuries/Caution

Lower Back Pain

- Clients may feel strain in their lower back if this exercise is done incorrectly or if they are not strong enough for this exercise
- Keep the spine imprinted – don't let the lower back sag through or round, and don't let it arch
- Bring the legs slightly closer toward the chest (without lifting the tailbone)
- Don't open the legs as wide

Lumbar Disc Injuries

- Avoid this exercise

Sciatica

- Avoid as this exercise involves a neural tension position

Neck Pain or Shoulder Pain

- Make sure that the elbows are not too far back behind the body or too wide
- Keep the chest open and the shoulder blades down and back, chin tucked in
- Don't let the upper back sag through
- If pain persists, perform Beats with the head down instead

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- Is a good alternative to the usual supine abdominal exercises as it places the body in a different position
- Can be a good option for clients who experience neck pain when lifting their head in the supine abdominal exercises

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- A great exercise for people who get Hip Flexor cramps or overuse the TFLs with their legs extended – as you are turning the legs out and squeezing the inner thighs to beat the heels the Adductors are working and help take pressure off the more lateral Hip Flexors
- A good exercise for Lordosis as you can keep the legs up high and the back doesn't arch as easily as in some other exercises where legs extend lower
- Works well when combined in a series with the other exercises in this position, such Bicycle Legs (On the Elbows)

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #2: Tabletop Position
- Leg Positioning #3: Guiding Leg Height and Position
- Leg Positioning #4: Turning the Leg Out from the Hip Joint
- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #5: Serratus Anterior
- Lumbar Spine Positioning #1: Supine Ab Exercises on Hands or Elbows

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Scissors (On the Elbows)

Intensity=3 Difficulty=2.5

Cueing Formula

Name of Exercise

"Scissors on the Elbows"

What and/or Where it Works

"This works the abdominal muscles"

Set Up

"Sitting with the knees bent, feet on the mat. Lower the body back and rest on the elbows. Elbows directly underneath the shoulders, shoulder blades down and back, chin tucked in. Imprint the spine and take the legs into tabletop position, hip distance apart."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, extend the legs up toward the ceiling toes pointed"



"INHALE, hold and tighten the T-Zone"

"EXHALE, lower one leg down toward the floor"



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"INHALE, return the leg back up"

"Alternate sides"

Permission to Continue

- "Keep going, alternating legs, INHALE to raise and EXHALE to lower"

Concentration Points

- "Only lower the leg as far as you can without arching your lower back"***
- "Only raise the leg as far as you can without the tailbone lifting"***
- "Don't let the spine sag or round toward the floor – keep it lifted in an imprinted position"***
- "Press up to lift and open the chest, shoulder blades down and back, chin tucked in"***
- "Keep the T-Zone tight, spine imprinted, ribcage down"***
- "Make sure that the stationary leg stays vertical and doesn't come toward the chest or fall away from the body"***
- "Keep the pelvis still and even weight through both buttocks, no rocking"***
- "Point and reach through the toes, really straightening and lengthening the legs"
- "Keep the legs hip distance apart and don't let them roll in or out"

To Make it Easier

- "Don't lower the legs as far, do smaller scissors"
- "If you need to, come into tabletop and have a rest, then come up and start scissoring again"

To Make it Harder

- "Scissor the legs lower"
- "Scissor the legs faster and keep them moving the whole time, INHALE as you swap the legs and EXHALE as you lower"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Placing the elbows in the wrong position, they should be directly under the shoulders
- Scissoring the legs too low and arching the lower back, flaring the ribs
- Raising the legs too far and lifting the tailbone
- Twisting the pelvis, moving the upper body side to side
- Letting the T-Zone go and the abdominals bulge out
- Sagging and rounding through the upper or lower back
- Hunching or rounding the shoulders, poking the chin out

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- Not pointing and reaching through the toes - flexing the foot rather than pointing can engage the Quadriceps too much (which can tilt the pelvis and arch the back), pointing the toes assists correct activation of the Iliacus
- Not keeping the legs hip distance apart or allowing them to rotate in or out

Encourage and Inspire

- "Awesome work with those Scissors, keep it up!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, scissor the leg down"
- "INHALE, return the leg back up"

Ending the Exercise

- "…come back into tabletop position, then return the feet one at a time to the mat to rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Scissors
- MATWORK PROGRESSIONS PREREQUISITES: Bicycle Legs (On the Elbows)

Muscles and Movements

Target Muscles

- Internal and External Obliques to draw the ribs toward the hips and keep the spine imprinted, prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Hip Flexors to raise (hip flexion) and lower the legs (eccentrically controlling hip extension)
- Quadriceps to keep the knees straight (knee extension)
- Deltoids to support the body weight

Stabilising Muscles

- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stabilise the hips and prevent clicking
- Multifidus to stabilise the lumbar spine

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Injuries/Caution

Lower Back Pain

- This is not the best exercise for someone with back pain as it is very challenging
- Clients may feel strain in their lower back if this exercise is done incorrectly or if they are not strong enough for this exercise
- Keep the spine imprinted – don't let the lower back sag through or round, and don't let it arch
- If the lower back is arching, make sure that the legs are not extending too low
- Keep the scissors small and high, and don't scissor the legs too low
- Have frequent rests, only performing a few repetitions before resting back down
- If pain persists or this exercise is too challenging, perform Bicycle Legs (On the Elbows) instead

Lumbar Disc Injuries

- Avoid this exercise

Sciatica

- Avoid as this exercise involves a neural tension position

Tight Hamstrings

- Don't raise the legs up as high
- Strong clients may be able to lower their legs further so they will still be able to perform a large range of movement
- If clients are tight in the Hamstrings but not as strong in the abdominals decrease the range of movement in both directions

Neck Pain or Shoulder Pain

- Make sure that the elbows are not too far back behind the body or too wide
- Keep the chest open and the shoulder blades down and back, chin tucked in
- Don't let the upper back sag through
- If pain persists, perform Scissors or Bicycle Legs instead with the head down

Hip Pain, Hip Clicking or Hip Flexor Cramps

- Decrease the range of movement of both legs
- Make sure that the spine is imprinted and the T-Zone and Iliacus are working
- Cue Iliacus – use the inner thigh not the outer thigh, draw the thigh bone into the hip socket
- Try externally rotating the legs to help the Iliacus and Adductors switch on
- Keep the legs hip distance apart and do not let the knees roll in
- This exercise is hard on the hips, requiring a lot of Iliacus strength – avoid if not strong enough

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

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Programming Advice

- This is a difficult exercise for anyone with a Lordosis or weak abdominals
- Emphasise drawing the ribs toward the hips on the breath out to really engage the abdominals and prevent the back from arching
- Substitute with Bicycle Legs (On the Elbows) if this is too difficult for a client
- Stretch the Hamstrings at the start of the program to increase Hamstring flexibility and the ability to raise the legs up to vertical
- Works well when performed after other supine abdominal exercises in the same position eg. Bicycle Legs (On the Elbows)

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes
- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #5: Serratus Anterior
- Lumbar Spine Positioning #1: Supine Ab Exercises on Hands or Elbows

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Helicopters (On the Elbows)

Intensity=3.5 Difficulty=3.5

Cueing Formula

Name of Exercise

"Helicopters on the Elbows"

What and/or Where it Works

"This works the abdominal muscles"

Exercise Tip: This exercise is difficult for clients to co-ordinate, so a visual demonstration before clients begin the exercise is useful. Tell the clients that they will be curled up in the Hundreds position, then moving their legs – scissor, scissor, circle around and swap. Use your arms to demonstrate these movements.

Note that there is a double exhale in the Breathing and Movement for this exercise as the legs scissor. This is similar to a double 'huff' breath where you perform 2 short breaths out, breathing out a little on the first exhale and then breathing out a little more on the second exhale.

Set Up

"Sitting with the knees bent, feet on the mat. Lower the body back and rest on the elbows. Elbows directly underneath the shoulders, shoulder blades down and back, chin tucked in. Imprint the spine and take the legs into tabletop position, hip distance apart."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, extend the legs up toward the ceiling, hip distance apart, toes pointed"



"INHALE, hold and tighten the T-Zone then start to scissor the legs"

"EXHALE, scissor one leg down"



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"EXHALE, swap the legs, scissoring the other leg down"



"INHALE, circle the legs out to the sides…"



"…and around to switch positions"



Permission to Continue

- "Keep going, scissor, scissor then circle around to swap the legs, and…"

Concentration Points

- "Only lower the legs as far as you can without arching your lower back"***
- "Only raise the legs as far as you can without the tailbone lifting"***
- "Only circle the legs as wide as you can without the T-Zone letting go"***
- "Don't let the spine sag or round toward the floor – keep it lifted in an imprinted position"***
- "Press up to lift and open the chest, shoulder blades down and back, chin tucked in"***
- "Keep the T-Zone tight, spine imprinted, ribcage down"***
- "Keep the pelvis still and even weight through both buttocks, no rocking"***
- "Point your toes and really reach through your toes, lengthening the legs"

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To Make it Easier

- "Don't scissor the legs as low or circle the legs as wide – perform smaller movements"
- "If you need to, come into tabletop and have a rest, then come back up and start again"

To Make it Harder

- "Scissor the legs lower and circle the legs wider"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Placing the elbows in the wrong position, they should be directly under the shoulders
- Getting confused with the coordination of the movement, trying to cross the legs instead of opening them to swap positions
- Scissoring the legs too low and arching the lower back, flaring the ribs
- Raising the legs too far and lifting the tailbone
- Sagging and rounding through the upper or lower back
- Hunching or rounding the shoulders, poking the chin out
- Circling the legs too wide, letting the T-Zone go and the abdominals bulge out
- Twisting the pelvis, moving the upper body side to side
- Not pointing and reaching through the toes - flexing the foot rather than pointing can engage the Quadriceps too much (which can tilt the pelvis and arch the back), pointing the toes assists correct activation of the Iliacus
- Rolling the legs in or out – the knees should be pointing straight up toward the ceiling

Encourage and Inspire

- "Let's do a couple more!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, scissor the legs"
- "EXHALE, scissor the legs"
- "INHALE, circle the legs out to the sides and swap"

Ending the Exercise

- "…come back into tabletop position, then return the feet one at a time to the mat to rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Helicopters, Scissors (On the Elbows)

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Muscles and Movements

Target Muscles

- Internal and External Obliques to draw the ribs toward the hips and keep the spine imprinted, prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Hip Flexors to raise (hip flexion) and lower the legs (eccentrically controlling hip extension)
- Adductors to lift the legs up and in (hip adduction and flexion) and to control the legs lowering down and out (eccentrically controlling hip abduction and extension). Please note that the Adductors will only work if the legs are turned out from the hip joints.
- Quadriceps to keep the knees straight (knee extension)
- Deltoids to support the body weight

Stabilising Muscles

- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stabilise the hips and prevent clicking
- Multifidus to stabilise the lumbar spine

Injuries/Caution

Lower Back Pain

- This is not the best exercise for someone with back pain as it is very challenging
- Clients may feel strain in their lower back if this exercise is done incorrectly or if they are not strong enough for this exercise
- Keep the spine imprinted – don't let the lower back sag through or round, and don't let it arch
- If the lower back is arching, make sure that the legs are not extending too low
- Keep the Helicopters small and high, don't scissor the legs too low or open the legs too wide
- Have frequent rests, only performing a few repetitions before resting back down
- If pain persists or Helicopters is too challenging, perform Bicycle Legs (on the Elbows) instead

Lumbar Disc Injuries

- Avoid this exercise

Sciatica

- Avoid as this exercise involves a neural tension position

Tight Hamstrings

- Don't raise the legs up as high

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- Strong clients may be able to lower their legs further so they will still be able to perform a large range of movement
- If clients are tight in the Hamstrings but not as strong in the abdominals decrease the range of movement in both directions

Hip Pain, Hip Clicking or Hip Flexor Cramps

- Decrease the range of movement
- Make sure that the spine is imprinted and the T-Zone and Iliacus are working
- Cue Iliacus – turn the legs out, use the inner thighs, draw the thigh bones into the hip sockets
- Try with the legs tuned out instead of parallel to help activate the Adductors and Iliacus more
- This exercise can be difficult for clients with hip pain and it requires a lot of Iliacus strength – avoid if not strong enough

Pubic Bone Pain

- Decrease the range of movement when opening the legs
- Avoid this exercise if pain persists

Neck Pain or Shoulder Pain

- Make sure that the elbows are not too far back behind the body or too wide
- Keep the chest open and the shoulder blades down and back, chin tucked in
- Don't let the upper back sag through
- If pain persists, perform Scissors or Bicycle Legs instead with the head down

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- Compared to Helicopters, it is slightly easier to prevent the lower back from arching when on the elbows, but it is harder to stabilise the spine and prevent it from rounding or sagging
- This exercise can be done with the legs turned out rather than parallel which can be easier for some clients and may help those with Hip Flexor pain
- This exercise is one of the hardest supine abdominal exercises to co-ordinate so make sure that you give a visual demonstration first
- If a client is not understanding the movements, place your hands on your clients' ankles and guide their legs through the movements
- Substitute with Scissors (On the Elbows) or Bicycle Legs (On the Elbows) if it is too difficult
- Works well performed after the matwork exercise Single Leg Circle or Scissors (On the Elbows)
- Only give this exercise to clients with good abdominal and Iliacus control

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)

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- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes
- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #5: Serratus Anterior
- Lumbar Spine Positioning #1: Supine Ab Exercises on Hands or Elbows

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Half Rollback 1 (Arms in Front)

Intensity=2 Difficulty=1

Cueing Formula

Name of Exercise

"Half Rollback with the Arms in Front"

What and/or Where it Works

"This works the abdominal muscles"



Set Up

"Sitting with the legs out straight in front, squeezed together, feet flexed, press through the heels. Arms out in front at shoulder height, palms facing in, shoulders down and back, chin tucked in. Sitting up tall, lengthen through the crown of the head, neutral spine."

Breathing and Movement

"INHALE, T-Zone"



"EXHALE, tuck the Pubic Bone toward the belly button and roll the spine backward one vertebra at a time, rounding the spine"

"INHALE, T-Zone"



"EXHALE, draw the ribs toward the hips to round the spine and curl back up, returning up tall to sitting"

Permission to Continue

- "Keep going, and…"

Concentration Points

- "T-Zone tight to keep the abdominals flat and scooped"***
- "Reach through the heels to anchor the legs – keep the thighs relaxed, resting on the mat"***
- "Initiate the roll back by tucking the pelvis under, rolling backward one vertebra at a time"***
- "Keep the spine rounded when you roll back, don't lean back too far"***

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- "Initiate the curl back up by drawing the ribs to the hips and rolling back up one vertebra at a time, keeping the Pubic Bone tucked up toward the belly button as you curl up"***
- "When in sitting, sit up tall, neutral spine, lengthen through the crown of the head"***
- "Shoulder blades down and back, chin tucked in, eyes looking forward"***
- "Keep the thighs relaxed, use the abdominals to control the movement in both directions"
- "Squeeze the legs together and reach through the heels"

To Make it Easier

- "Don't roll back as far"

To Make it Harder

- "Roll back further, keeping your spine rounded"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Losing the T-Zone, Obliques and imprinted spine (arching the lower back, flaring the rib cage or the abdominals bulging out)
- Leaning back with a straight spine rather than rolling back one vertebra at a time
- Going back too far and arching the lower back
- Hinging back up from the hips rather than rolling back up
- Lifting the feet and using the Hip Flexors too much – press the heels into the floor, reach through the heels and squeeze the knees together to help this
- Hunching the shoulders, poking the chin out

Encourage and Inspire

- "Fabulous! Keep it up!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, roll back"
- "INHALE, hold"
- "EXHALE, curl back up to sitting"

Ending the Exercise

- "…and curl back up to sitting and rest"

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Exercise Information

Prerequisites

- MATWORK PREREQUISITES: T-Zone Activation Exercise and Oblique Activation Exercise

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl the body up (lumbar and thoracic flexion), control the body rolling backward (eccentric thoracic and lumbar extension) and draw the ribs toward the hips to prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic and lumbar flexion) and control rolling backward (eccentric thoracic and lumbar extension)
- Deltoids to hold the arms out in front (shoulder flexion)
- Adductors to squeeze the legs together (hip adduction)

Stabilising Muscles

- T-Zone to stabilise the lower back and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

Joint Mobility

- Increases lumbar flexion range of movement

Injuries/Caution

Hamstring Tightness or Poor Flexibility

- If a client has tight Hamstrings, they may not be able to sit with their legs out straight in front and maintain a neutral spine
- Try performing the modification with the knees bent and squeezed together



Modification with Knees Bent

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Sciatica

- Avoid sitting with the legs straight out in front as this is a neural tension position
- Perform the exercise with the knees bent and squeezed together

Lower Back Pain or Upper Back Pain

- Can be a good exercise for lordotic clients as it stretches the spinal extensors, reversing the lordosis
- Check T-Zone and Oblique activation
- Roll back rather than hinging or leaning straight back
- Don't roll back as far
- Make sure that the back doesn't start to arch
- Try performing the modification with the knees bent
- If pain persists, discontinue the exercise and perform Abdominal Curl 1 (Feet Down) instead

Lumbar Disc Injuries

- Avoid this exercise as it involves lumbar flexion
- Perform Abdominal Curl 1 (Feet Down) instead

Hip Flexor Cramps

- This usually occurs when clients are using and lifting their legs, trying to hinge back up, rather than using the abdominals to roll back up
- Try to relax the front of the thighs, using T-Zone and abdominals to roll the body up and down
- Squeeze the legs together to switch off the Hip Flexors and press through the heels
- Try letting the legs turn out slightly
- Try performing the modification with the knees bent

Neck Pain or Shoulder Pain

- Shoulders down and back
- Keep the chin tucked in, eyes looking forward
- Lower the arms slightly
- If pain persists, lower the arms and cross them over the chest



Modification with Arms Crossed Over Chest

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

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Programming Advice

- This exercise is a great alternative to the Supine Abdominal Series for working the abdominals
- Great for clients who struggle to hold tabletop position or have neck pain lifting the head
- This exercise is great for clients with a lordotic posture as it moves the spine into flexion and helps to reverse the lordosis
- This is a simple movement to perform, but it is very important to check technique and make sure that the clients are keeping their spine flexed and rolling up and down one vertebra at a time, otherwise they may be hinging using their legs to pull them up and may injure their back
- Works best when the abdominals are already warmed up and best performed after some other warm up abdominal exercises from the Supine Abdominal Series eg. Abdominal Curl 1 (Feet Down) or Abdominal Curl 2 (Tabletop)
- If you have completed the Studio Pilates Ball, Circle and Band Course and have clients who are struggling to control the movement, you can place a long band around the feet and hold onto the ends with both hands, taking up the slack to provide assistance to roll up and down. Note that you need to ensure that there are no nicks and cuts in the band and that the band is in good condition. The feet should be flexed and the band should be flat against the feet, otherwise the band can slip off the feet and cause injury. Cue the client to keep their arms still and to not pull too hard on the band to ensure safety.



Modification with the Band

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Scapula Setting #1: In Between the Shoulder Blades

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Half Rollback 2 (Arms Opening)

Intensity=2.5 Difficulty=1.5

Cueing Formula

Name of Exercise

"Half Rollback with the Arms Opening"

What and/or Where it Works

"This works the abdominal muscles"



Set Up

"Sitting with the legs out straight in front, squeezed together, feet flexed, press through the heels. Arms out in front at shoulder height, palms facing in, shoulders down and back, chin tucked in. Sitting up tall, lengthen through the crown of the head, neutral spine."

Breathing and Movement

"INHALE, T-Zone"



"EXHALE, tuck the Pubic Bone toward the belly button and roll the spine backward one vertebra at a time, rounding the spine…"



"…then open the arms out to the sides"



"INHALE, return the arms in front of the chest"

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"EXHALE, draw the ribs toward the hips to round the spine and curl back up, returning up tall to sitting"

Permission to Continue

- "Keep going, and…"

Concentration Points

- "T-Zone tight to keep the abdominals flat and scooped"***
- "Reach through the heels to anchor the legs – keep the thighs relaxed, resting on the mat"***
- "Initiate the roll back by tucking the pelvis under, rolling backward one vertebra at a time"***
- "Keep the spine rounded when you roll back and open the arms, don't lean back too far"***
- "Initiate the curl back up by drawing the ribs to the hips and rolling back up one vertebra at a time, keeping the Pubic Bone tucked up toward the belly button as you curl up"***
- "When in sitting, sit up tall, neutral spine, lengthen through the crown of the head"***
- "Shoulder blades down and back, chin tucked in, eyes looking forward"***
- "Keep the thighs relaxed, use the abdominals to control the movement in both directions"***
- "Squeeze the legs together and reach through the heels"

To Make it Easier

- "Don't roll back as far"
- "Don't open the arms as wide"

To Make it Harder

- "Roll back further, keeping your spine rounded"
- "Open the arms wider"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Losing the T-Zone, Obliques and imprinted spine (arching the lower back, flaring the rib cage or the abdominals bulging out)
- Leaning back with a straight spine rather than rolling back one vertebra at a time
- Going back too far and arching the lower back
- Hinging back up from the hips rather than rolling back up
- Lifting the feet and using the Hip Flexors too much – press the heels into the floor, reach through the heels and squeeze the knees together to help this
- Hunching the shoulders, poking the chin out

Encourage and Inspire

- "Looking amazing! Keep it up!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, roll back then open the arms"
- "INHALE, arms forward"
- "EXHALE, come back up to sitting"

Ending the Exercise

- "…and curl back up to sitting and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Half Rollback 1 (Arms in Front)

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl the body up (lumbar and thoracic flexion), control the body rolling backward (eccentric thoracic and lumbar extension) and draw the ribs toward the hips to prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Rectus Abdominus to sit the body up (thoracic and lumbar flexion) and control rolling backward (eccentric thoracic and lumbar extension)
- Deltoids to hold the arms up and open and close the arms (shoulder flexion, horizontal abduction and horizontal adduction)
- Pectoralis Major and Minor to return the arms in front (shoulder horizontal adduction)
- Adductors to squeeze the legs together (hip adduction)

Stabilising Muscles

- T-Zone to stabilise the lower back and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Rotator Cuff to stabilise the shoulder joints

Joint Mobility

- Increases lumbar flexion range of movement

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Injuries/Caution

Hamstring Tightness or Poor Flexibility

- If a client has tight Hamstrings, they may not be able to sit with their legs out straight in front and maintain a neutral spine
- Try performing the modification with the knees bent and squeezed together



Modification with Knees Bent

Sciatica

- Avoid sitting with the legs straight out in front as this is a neural tension position
- Perform the exercise with the knees bent and squeezed together

Lower Back Pain or Upper Back Pain

- Can feel nice for lordosis as it stretches the spinal extensors, reversing the lordosis
- Check T-Zone and Oblique activation
- Roll back rather than hinging or leaning straight back
- Don't roll back as far
- Make sure that the back doesn't start to arch
- Try performing the modification with the knees bent
- Go back to performing Half Rollback 1 (Arms in Front) without the arms lifting
- If pain persists, discontinue the exercise and perform Abdominal Curl 1 (Feet Down) instead

Lumbar Disc Injuries

- Avoid this exercise as it involves lumbar flexion
- Perform Abdominal Curl 1 (Feet Down) instead

Hip Flexor Cramps

- This usually occurs when clients are using and lifting their legs, trying to hinge back up, rather than using the abdominals to roll back up
- Try to relax the front of the thighs, using T-Zone and abdominals to roll the body up and down
- Squeeze the legs together to switch off the Hip Flexors and press through the heels
- Try letting the legs turn out slightly
- Try performing the modification with the knees bent
- Go back to performing Half Rollback 1 (Arms in Front) without the arms opening

Neck Pain or Shoulder Pain

- Shoulders down and back
- Keep the chin tucked in, eyes looking forward

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- Don't hold the arms as high or open them as wide
- If pain persists, go back to performing Half Rollback 1 (Arms in Front) or use the modification with the arms across the chest



Modification with Arms Crossed Over Chest

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a tough exercise in which you really feel the abdominals working as opening the arms adds an extra challenge on the abdominals
- This exercise is best performed straight after Half Rollback 1 (Arms in Front)
- In a group class, begin cueing Half Rollback 1 (Arms in Front) for the whole group then for those who are strong enough, add on the breathing and movement cues for opening the arms
- It is very important to keep the spine slightly rounded as the arms open – think about Pubic Bone to belly button and ribs to hips
- One of the most important cues is to keep looking forward, don't look at the arms as they open, otherwise the back usually arches
- If clients start feeling this exercise in their Hip Flexors rather than their abdominals, it is usually because their abdominals are not strong enough for the exercise – omit the opening of the arms
- For extra variety, you may wish to choreograph different arm movements, such as taking the arms overhead or only opening one arm at a time



Modification with Arms Overhead



Modification with One Arm Opening at a Time

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Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Scapula Setting #1: In Between the Shoulder Blades

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Half Rollback + Rotation

Intensity=2.5 Difficulty=2

Cueing Formula

Name of Exercise

"Half Rollback Plus Rotation"

What and/or Where it Works

"This works the abdominal muscles"

Set Up

"Sitting with the legs out straight in front, squeezed together, feet flexed, press through the heels. Arms out in front at shoulder height, palms facing in, shoulders down and back, chin tucked in. Sitting up tall, lengthen through the crown of the head, neutral spine."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, tuck the Pubic Bone toward the belly button and roll the spine backward one vertebra at a time…"



"… rotating the body, keeping the pelvis square to the front"



"INHALE, rotate the body to face forward"



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"EXHALE, draw the ribs toward the hips to round the spine and curl back up, returning up tall to sitting"

"Alternate sides"

Permission to Continue

- "Keep going, and…"

Concentration Points

- "Use the abdominals to roll down, rotate and curl back up"***
- "T-Zone tight to keep the abdominals flat and scooped, keeping the spine in a 'C' shape"***
- "Reach through the heels to anchor the legs – thighs relaxed, resting on the mat"***
- "Initiate by tucking the pelvis under and rolling backward one vertebra at a time"***
- "Keep the pelvis still and square to the front whilst rotating the body, rib to opposite hip"***
- "Focus on rotating, not leaning to the side – keep both sides of the waist equal length"***
- "Keep the spine slightly rounded as you rotate"***
- "Initiate the curl back up by drawing the ribs to the hips and rolling back up one vertebra at a time, keeping the Pubic Bone tucked up toward the belly button"***
- "When in sitting, sit up tall, neutral spine, lengthen through the crown of the head"***
- "Keep the arms in line with the shoulders, don't let them rotate further than the body"***
- "Shoulder blades down and back, chin tucked in"***
- "Keep the thighs relaxed, use the abdominals to control the movement in both directions"***
- "Squeeze the legs together and reach through the heels"

To Make it Easier

- "Don't roll back or rotate as far"

To Make it Harder

- "Roll back and rotate further, keeping your spine rounded"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Losing the T-Zone, Obliques and imprinted spine (arching the lower back, flaring the rib cage or the abdominals bulging out)
- Leaning back with a straight spine rather than rolling back one vertebra at a time
- Going back too far and arching the lower back
- Moving the pelvis – either rotating it or hitching one hip up
- Leaning over to the side – performing lateral flexion rather than rotation of the spine
- Hinging back up from the hips rather than rolling back up
- Hunching the shoulders, poking the chin out

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- Rotating the arms too far, rather than keeping them in front of the body
- Lifting the feet and using the Hip Flexors too much – press the heels into the floor, reach through the heels and squeeze the knees together to help this

Encourage and Inspire

- "Fabulous! Keep it up!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, roll back and rotate"
- "INHALE, face the front"
- "EXHALE, curl back up to sitting"

Ending the Exercise

- "…and curl back up to sitting and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Half Rollback 1 (Arms in Front)

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl the body up (lumbar and thoracic flexion), control the body rolling backward (eccentric thoracic and lumbar extension), rotate the body (thoracic and lumbar rotation) and draw the ribs toward the hips to prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic and lumbar flexion) and control rolling backward (eccentric thoracic and lumbar extension)
- Deltoids to hold the arms out in front (shoulder flexion)
- Adductors to squeeze the legs together (hip adduction)

Stabilising Muscles

- T-Zone to stabilise the lower back and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

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Joint Mobility

- Increases lumbar flexion range of movement

Injuries/Caution

Hamstring Tightness or Poor Flexibility

- If a client has tight Hamstrings, they may not be able to sit with their legs out straight in front and maintain a neutral spine
- Try performing the modification with the knees bent and squeezed together



Modification with Knees Bent

Sciatica

- Avoid sitting with the legs straight out in front as this is a neural tension position
- Perform the exercise with the knees bent and squeezed together

Lower Back Pain or Upper Back Pain

- Check T-Zone and Oblique activation
- Roll back rather than hinging or leaning straight back
- Don't roll back or rotate as far
- Make sure that the back doesn't start to arch
- Try performing the modification with the knees bent
- Go back to performing Half Rollback 1 (Arms in Front)
- If pain persists, discontinue the exercise and perform Oblique Curl 1 (Feet Down) instead

Lumbar Disc Injuries

- Avoid this exercise as it involves lumbar flexion and rotation
- Perform Oblique Curl 1 (Feet Down) instead

Hip Flexor Cramps

- This usually occurs when clients are using and lifting their legs, trying to hinge back up, rather than using the abdominals to roll back up
- Try to relax the front of the thighs, using T-Zone and abdominals to roll the body up and down
- Squeeze the legs together to switch off the Hip Flexors and reach through the heels
- Try letting the legs turn out slightly
- Try the bent knee variation
- Go back to performing Half Rollback 1 (Arms in Front) without the rotation

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Neck Pain or Shoulder Pain

- Shoulders down and back
- Keep the chin tucked in, eyes looking forward
- Lower the arms slightly and make sure that the arms stay in front of the body as it rotates
- If pain persists, perform the exercise with the arms across the chest



Modification with Arms Crossed Over Chest

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This exercise is best performed straight after Half Rollback 1 (Arms in Front)
- The spinal movement for this exercise should be flexion and rotation, not lateral flexion - look out for the beltline staying parallel to the shoulder line (if someone is laterally flexing, the distance between their shoulder and hip on one side will be shorter than the other side)

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #8: Preventing the Pelvis from Rocking
- Scapula Setting #1: In Between the Shoulder Blades

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Make a Wish

Intensity=3 Difficulty=2.5

Cueing Formula

Exercise Tip: As this exercise involves a complex movement sequence, it is best taught using the demonstration method where the clients perform the exercise with you performing the mirror image.

Name of Exercise

"Make a Wish"

What and/or Where it Works

"This works the abdominal muscles"



Set Up

"Sitting with the legs out straight in front, squeezed together, feet flexed, press through the heels. Arms out in front at shoulder height, palms facing in, shoulders down and back, chin tucked in. Sitting up tall, lengthen through the crown of the head, neutral spine."

Breathing and Movement

"INHALE, T-Zone"

"EXHALE, tuck the Pubic Bone toward the belly button and roll the spine backwards…"



"… rotating the body…"



"…then reach the arm out to the side in line with the shoulder"



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"INHALE, return the arm and rotate the body to face forward"

"EXHALE, draw the ribs toward the hips to round the spine and curl back up, returning up tall to sitting"

"Alternate sides"

Permission to Continue

- "Keep going, and…"

Concentration Points

- "T-Zone tight to keep the abdominals flat and scooped, keeping the spine in a 'C' shape"***
- "Reach through the heels to anchor the legs – keep the thighs relaxed, resting on the mat"***
- "Keep the spine slightly rounded as you rotate and reach with the arm"***
- "Use the abdominals to roll down, rotate and curl back up"***
- "Initiate by tucking the pelvis under and rolling backward one vertebra at a time"***
- "Keep the pelvis still and square to the front whilst rotating the body, rib to opposite hip"***
- "Focus on rotating, not leaning to the side – keep both sides of the waist equal length"***
- "Initiate the curl back up by drawing the ribs to the hips and rolling back up one vertebra at a time, keeping the Pubic Bone tucked up toward the belly button"***
- "When in sitting, sit up tall, neutral spine, lengthen through the crown of the head"***
- "Shoulder blades down and back, chin tucked in"***
- "Keep the thighs relaxed, use the abdominals to control the movement in both directions"***
- "Squeeze the legs together and reach through the heels"
- "Keep even weight on both buttocks, shoulders and hips facing square to the front"

To Make it Easier

- "Don't roll back or rotate as far"
- "Don't reach the arm as far out to the side"

To Make it Harder

- "Roll back and rotate, keeping your spine rounded"
- "Reach further out to the side with the arm"

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Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Losing the T-Zone, Obliques and imprinted spine (arching the lower back, flaring the rib cage or the abdominals bulging out)
- Leaning back with a straight spine rather than rolling back one vertebra at a time
- Arching the lower back due to rolling back, rotating or reaching too far
- Moving the pelvis – either rotating it or hitching one hip up
- Leaning over to the side – performing lateral flexion rather than rotation of the spine
- Hinging back up from the hips rather than rolling back up
- Rotating the arms too far, rather than keeping them in front of the body
- Hunching the shoulders, or letting them round forward (especially as the arm opens)
- Poking the chin out
- Lifting the feet and using the Hip Flexors too much – press the heels into the floor, reach through the heels and squeeze the knees together to help this

Encourage and Inspire

- "Fabulous! Keep on going!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, roll back, rotate and reach with the arm"
- "INHALE, return the arm and face the front"
- "EXHALE, curl back up to sitting"

Ending the Exercise

- "…and curl back up to sitting and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Half Rollback + Rotation

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl the body up (lumbar and thoracic flexion), control the body rolling backward (eccentric thoracic and lumbar extension), rotate the body (thoracic and lumbar rotation) and draw the ribs toward the hips to prevent the lower back from arching and the ribs flaring

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Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic and lumbar flexion) and control rolling backward (eccentric thoracic and lumbar extension)
- Deltoids to hold the arms out in front and raise them (shoulder flexion) and reach the arm out to the side (shoulder horizontal abduction)
- Adductors to squeeze the legs together (hip adduction)

Stabilising Muscles

- T-Zone to stabilise the lower back and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

Joint Mobility

- Increases lumbar flexion range of movement

Injuries/Caution

Hamstring Tightness / Poor Flexibility

- If a client has tight Hamstrings, they may not be able to sit with their legs out straight in front and maintain a neutral spine
- Try performing the modification with the knees bent and squeezed together



Modification with Knees Bent

Sciatica

- Avoid sitting with the legs straight out in front as this is a neural tension position
- Perform the exercise with the knees bent and squeezed together

Lower Back Pain or Upper Back Pain

- Check T-Zone and Oblique activation
- Roll back rather than hinging or leaning straight back
- Make sure that the back doesn't start to arch
- Don't roll back or rotate as far
- Try performing the modification with the knees bent
- Go back to performing Half Rollback + Rotation or Half Rollback 1 (Arms in Front)
- If pain persists, discontinue the exercise and perform Oblique Curl Oblique Curl 1 (Feet Down)

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Lumbar Disc Injuries

- Avoid this exercise as it involves lumbar flexion and rotation
- Perform Oblique Curl 1 (Feet Down) instead

Hip Flexor Cramps

- This usually occurs when clients are using and lifting their legs, trying to hinge back up, rather than using the abdominals to roll back up
- Try to relax the front of the thighs, using T-Zone and abdominals to roll the body up and down
- Squeeze the legs together to switch off the Hip Flexors and reach through the heels
- Try letting the legs turn out slightly
- Try performing the modification with the knees bent

Neck Pain or Shoulder Pain

- Shoulders down and back
- Keep the chin tucked in, eyes looking forward – don't look at the arm as it opens
- Lower the arms slightly and don't reach the arm as far out to the side
- If pain persists, go back to performing Half Rollback + Rotation with the arms across the chest



Modification with Arms Crossed Over Chest

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- Make a Wish is a direct progression of Half Rollback + Rotation
- In a group class, you can cue the whole group to begin with Half Rollback + Rotation then for those clients who are strong enough, you can cue to add in the arm movement
- This is quite a fun exercise that is popular with clients
- Make sure that everyone in the class rotates the same way at the same time
- The spinal movement for this exercise should be flexion and rotation, not lateral flexion - look out for the beltline staying parallel to the shoulder line (if someone is laterally flexing, the distance between their shoulder and hip on one side will be shorter than the other side)

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Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #8: Preventing the Pelvis from Rocking
- Scapula Setting #1: In Between the Shoulder Blades

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Rollup

Intensity= 2 Difficulty= 2.5

Cueing Formula

Exercise Tip: This exercise can be Set Up in two alternative positions, supine lying or sitting up. Set-Up in supine lying to better flow on to exercises such as Teaser which also begin in supine. If performing after exercises such as Half Rollback, you may wish to start and finish in the sitting position to improve the flow.

Name of Exercise

"Rollup"

What and/or Where it Works

"This works the abdominal muscles"



Set Up

"Lying on the back, legs extended straight, squeezed together, feet flexed, press through the heels. Hands to the ceiling, palms facing the feet, shoulders down and back, chin tucked in. Neutral spine."

Breathing and Movement

"INHALE, T-Zone"

"EXHALE, tuck the chin toward the chest and roll up using the abdominals, rounding and peeling the spine off the mat one vertebra at a time…"



"…until sitting tall"

"INHALE, T-Zone"



"EXHALE, sink backwards and tuck the Pubic Bone toward the belly button, rolling the spine backward toward the floor, one vertebra at a time…"



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"… until lying flat with the arms toward the ceiling"



Permission to Continue

- "Keep going and…"

Concentration Points

- "Initiate the curl up by tucking the chin, drawing the ribs to the hips and rolling back up one vertebra at a time, keeping the Pubic Bone toward the belly button as you curl up"***
- "When in sitting, sit up tall, neutral spine, lengthen through the crown of the head"***
- "Initiate the roll back by tucking the pelvis under, rolling backward one vertebra at a time"***
- "Roll down one vertebra at a time onto the mat – imagine that your spine is a string of pearls and you are lowering them one by one onto the mat"***
- "T-Zone tight to keep the abdominals flat and scooped"***
- "Shoulder blades down and back, chin tucked in, eyes looking forward"***
- "Reach through the heels to anchor the legs – keep the thighs relaxed, resting on the mat"***
- "Squeeze the legs together and reach through the heels"
- "Keep the spine rounded as you roll up and down"

To Make it Easier

- "From sitting, only roll back as far as you can control"

To Make it Harder

- "Slow the movement down"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Losing the T-Zone and bulging the abdominals
- Arching the lower back/letting the abdominals relax when lying on the back
- Leaning and hinging backward rather than rolling backward one vertebra at a time
- Falling backward rather than using the abdominals to control the movement
- Lifting the feet and using the Hip Flexors too much – press the heels into the floor, reach through the heels and squeeze the knees together to help this
- Separating the legs, not keeping them squeezed together
- Going too quickly and using momentum
- Poking the chin out and lagging the head behind the body
- Hunching the shoulders

Encourage and Inspire

- "Looking good, keep going!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, roll up to sitting"
- "INHALE, T-Zone"
- "EXHALE, roll the spine back onto the mat"

Ending the Exercise

- "…and roll all the way back down to the mat, one vertebra at a time and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Half Rollback 1 (Arms in Front)

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl the body up (lumbar and thoracic flexion), control the body rolling backward (eccentric thoracic and lumbar extension) and draw the ribs toward the hips to prevent the lower back from arching and the ribs flaring

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic and lumbar flexion) and control rolling backward (eccentric thoracic and lumbar extension)
- Deltoids to hold the arms out in front (shoulder flexion)
- Adductors to squeeze the legs together (hip adduction)

Stabilising Muscles

- T-Zone to stabilise the lower back and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

Joint Mobility

- Increases lumbar and thoracic flexion range of movement

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Injuries/Caution

Hamstring Tightness or Poor Flexibility

- If a client has tight Hamstrings, they may not be able to sit with their legs out straight in front and maintain a neutral spine
- Try performing the modification with the knees bent and squeezed together



Modification with Knees Bent

Sciatica

- Avoid sitting with the legs straight out in front as this is a neural tension position
- Perform the exercise with the knees bent and squeezed together

Osteoporosis

- Avoid this exercise

Lower Back Pain or Upper Back Pain

- Check T-Zone and Oblique activation
- Roll back rather than hinging or leaning straight back
- Make sure that the back doesn't start to arch
- Try performing the modification with the knees bent
- Don't roll back as far – from the sitting position, you don't have to go all the way to the mat – if clients are struggling with this, only go as far back as feels comfortable ie. perform Half Rollback 1 (Arms in Front)
- If pain persists, discontinue the exercise

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid this exercise as it involves cervical, thoracic and lumbar flexion
- Perform Abdominal Curl 1 (Feet Down) instead

Hip Flexor Cramps

- This usually occurs when clients are using and lifting their legs, trying to hinge back up, rather than using the abdominals to roll back up
- Try to relax the front of the thighs, using T-Zone and abdominals to roll the body up and down
- Squeeze the legs together to switch off the Hip Flexors and reach through the heels
- Try letting the legs turn out slightly
- Try performing the modification with the knees bent

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Neck Pain or Shoulder Pain

- Shoulders down and back
- Keep the chin tucked in as you roll back and tuck the chin in first before rolling up
- If pain persists, lower the arms and cross them over the chest – note that this feels more challenging to roll up and down



Modification with Arms Crossed Over Chest

Vertigo or Dizziness

- Take care or avoid this exercise if it produces symptoms

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a great exercise for working on increasing spinal flexion and using the abdominals throughout a larger range of movement
- There are two reasons why clients may struggle to roll up – either they won't be strong enough in their abdominals, or more commonly, they won't have enough flexibility in their spine to gain enough flexion to round the spine to roll up
- Clients with a large lumbar Lordosis often find it challenging to roll the spine up and down without getting stuck as they may not have the spinal flexion range of movement required
- This is a versatile exercise to consider when programming the Supine Abdominal Series as it flows on nicely from supine exercises and those performed in sitting
- It is best to use the supine lying Set Up position if flowing on from other supine abdominal exercises or the Teaser exercises which are performed from a supine position
- However, this exercise can just as easily flow on from the Half Rollback exercises which are performed from a sitting position - starting this exercise in sitting is safer and more achievable for most clients, when starting in sitting, each individual can control how far back they go depending on their own strength and capabilities - you can then cue the stronger and more flexible clients to continue rolling all the way back to the mat to perform Rollup, whilst the other clients continue with Half Rollback 1 (Arms in Front)
- If you have completed the Studio Pilates Ball Circle and Band Course and have clients who are struggling to roll up and down, you can place a long band around the feet and hold onto the ends with both hands, taking up the slack to provide assistance to roll up and down. Note that you need to ensure that there are no nicks and cuts in the band and that the band is in good condition. The feet should be flexed and the band should be flat against the feet, otherwise the

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band can slip off the feet and cause injury. Cue the client to keep their arms still and to not pull too hard on the band to ensure safety.



Modification with the Band

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Scapula Setting #1: In Between the Shoulder Blades

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Rollup + Hamstring Stretch

Intensity= 3 Difficulty= 2.5

Cueing Formula

Exercise Tip: This exercise can be Set Up in two alternative positions, supine lying or sitting up. Set-Up in supine lying to better flow on to exercises such as Teaser which also begin in supine. If performing after exercises such as Half Rollback, you may wish to start and finish in the sitting position to improve the flow.

Name of Exercise

"Rollup with a Hamstring Stretch"

What and/or Where it Works

"This works the abdominal muscles and stretches the back of the legs"

Set Up

"Lying on the back, legs extended straight, squeezed together, feet flexed, press through the heels. Arms overhead on the mat, palms facing up, shoulders down and back, chin tucked in. Neutral spine."



Breathing and Movement

"INHALE, T-Zone, arms toward the ceiling"



"EXHALE, tuck the chin toward the chest and roll up using the abdominals, rounding and peeling the spine off the mat one vertebra at a time until sitting tall"



"INHALE, sit up tall"



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"EXHALE, bend forward from the hips, roll the spine forward and reach the arms toward the feet to stretch the back of the legs"



"INHALE, roll back up to sitting, T-Zone"



"EXHALE, sink backwards and tuck the Pubic Bone toward the belly button, rolling the spine backwards toward the floor one vertebra at a time…"



"…until lying flat…"



"… then continue to take the arms overhead to rest on the floor"



Permission to Continue

- "Keep going and…"

Concentration Points

- "Initiate the curl up by tucking the chin, drawing the ribs to the hips and rolling back up one vertebra at a time, keeping the Pubic Bone toward the belly button as you curl up"***
- "As you lean forward, scoop the abdominals, bend from the hips, then round the spine and reach as far forward as possible"***
- "When you return to sitting, sit up tall, lengthen through the crown of the head"***
- "Initiate the roll back by tucking the pelvis under, rolling backward one vertebra at a time"***

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- "Roll down one vertebra at a time onto the mat – imagine that your spine is a string of pearls and you are lowering them one by one onto the mat"***
- "As you take the arms overhead, tighten the abdominals and draw the ribs toward the hips so that the back doesn't arch"***
- "Reach through the heels to anchor the legs – keep the thighs squeezed together, resting on the mat"***
- "Keep the spine rounded as you roll up and down"***
- "T-Zone tight to keep the abdominals flat and scooped"***
- "Shoulder blades down and back, chin tucked in"***

To Make it Easier

- "Don't take the arms as far overhead/all the way to the floor"
- "Don't lean as far forward into the stretch"

To Make it Harder

- "Slow the movement down"
- "Stretch further forward"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Losing the T-Zone and bulging the abdominals
- Arching the lower back/letting the abdominals relax when lying on the back and taking the arms overhead
- Leaning and hinging backward rather than rolling backward one vertebra at a time
- Falling backward rather than using the abdominals to control the movement
- Lifting the feet and using the Hip Flexors too much – press the heels into the floor, reach through the heels and squeeze the knees together to help this
- Separating the legs, not keeping them squeezed together
- Going too quickly and using momentum
- Poking the chin out and lagging the head behind the body
- Hunching the shoulders

Encourage and Inspire

- "Fantastic!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, roll up to sitting"
- "INHALE, sit up tall"
- "EXHALE, stretch forward over the legs"
- "INHALE, sit up tall"
- "EXHALE, roll the spine back onto the mat and take the arms overhead"
- "INHALE, T-Zone"

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Ending the Exercise

- "…and roll all the way back down to the mat, one vertebra at a time and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Half Rollback 1 (Arms in Front), Double Leg Slides + Arm Preparation, Spine Stretch

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl the body up (lumbar and thoracic flexion), control the body rolling backward (eccentric thoracic and lumbar extension) and draw the ribs toward the hips to prevent the lower back from arching and the ribs flaring
- Stretches the Hamstrings, Erector Spinae and Quadratus Lumborum

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic and lumbar flexion) and control rolling backward (eccentric thoracic and lumbar extension)
- Deltoids to hold the arms out in front (shoulder flexion)
- Adductors to squeeze the legs together (hip adduction)

Stabilising Muscles

- T-Zone to stabilise the lower back and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

Joint Mobility

- Increases lumbar and thoracic flexion range of movement
- Increases hip flexion range of movement

Injuries/Caution

Sciatica

- Avoid this exercise as it involves a neural tension position

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid this exercise as it involves cervical, thoracic and lumbar flexion

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- Perform Abdominal Curl 1 (Feet Down) instead

Lower Back Pain or Upper Back Pain

- Check T-Zone and Oblique activation
- Roll back rather than hinging or leaning straight back
- Make sure that the back doesn't start to arch
- Don't lean forward as far into the stretch, and focus on bending forward from the hips rather than rounding the spine to reach forward, or omit the stretch forward altogether
- If pain persists, discontinue the exercise

Osteoporosis

- Avoid this exercise

Hip Flexor Cramps

- This usually occurs when clients are using and lifting their legs, trying to hinge back up, rather than using the abdominals to roll back up
- Try to relax the front of the thighs, using T-Zone and abdominals to roll the body up and down
- Squeeze the legs together to switch off the Hip Flexors and reach through the heels
- Try letting the legs turn out slightly

Neck Pain or Shoulder Pain

- Keep the chin tucked in as you roll back and tuck the chin in first before rolling up
- Keep the shoulders down and back
- If there is shoulder pain as the arms move overhead, limit the range of movement to the pain free range and try with the hands a little wider apart
- Perform the exercise with the arms across the chest



Modification with Arms Crossed Over Chest

Vertigo or Dizziness

- Take care or avoid this exercise if it produces symptoms

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Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- For clients with particularly tight Hamstrings, you may wish to hold the stretch longer eg. for a few breaths, either during each repetition or just during the last repetition
- Clients with a large lumbar Lordosis often find it challenging to roll the spine up and down without getting stuck as they may not have the spinal flexion range of movement required
- Even though this is technically harder than Rollup, some clients find it easier as they gain a small amount of momentum for the roll up by starting with the arms overhead
- This is a great exercise to perform after Rollup or the Half Rollback exercises
- A great exercise to perform before Teaser exercises, as it warms up the abdominals in spinal flexion and stretches the Hamstrings, giving clients the flexibility required for Teaser exercises
- If performing the exercises before or after exercises performed in sitting eg. Half Rollback or Rolling Like a Ball, start and finish sitting
- If performing the exercise before or after exercises performed in lying eg. Full Teaser or Rollover, you may wish to start and finish lying on the back

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Scapula Setting #1: In Between the Shoulder Blades

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Rolling Like a Ball

Intensity=2 Difficulty=3

Cueing Formula

Name of Exercise

"Rolling Like a Ball"

What and/or Where it Works

"This works the abdominals, challenges balance and massages the spine"

Set Up

"Sitting with the legs in front, knees bent with the feet close to the bottom, squeeze the legs together. Hands on the shins, round your spine into a 'C' shape curve. Shoulders down and back, chin tucked in. T-Zone tight. Raise the feet just off the mat."



Breathing and Movement

"INHALE, roll back onto the shoulder blades"



"EXHALE, roll up to sitting keeping the spine round, feet hover off the mat"



Permission to Continue

- "Keep going and..."

Concentration Points

- "Tuck the pelvis under and roll back one vertebra at a time, rather than leaning back"***
- "Keep the 'C' shape of the spine the whole time – your body should be round like a ball – don't let the distance between the ribs and hips change"***
- "T-Zone tight to keep the abdominals flat and scooped and to balance on the sit bones"***
- "Hold onto the shins lightly, use the abdominals to roll up – don't pull with the arms"***

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- "Shoulder blades down and back, chin tucked in, eyes looking at the knees"
- "When sitting, the shoulders should be directly over the hips and the spine rounded"

To Make it Easier

- "Rest the feet back down on the mat between each repetition and re-set the T-Zone"
- "Hold the back of the thighs, just above the knees rather than around the shins"



Modification Holding Back of Thighs

To Make it Harder

- None

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not using the abdominals and losing the roundness of the spine as you roll back – this makes the spine straight and you then fall hard onto your back
- Not using the abdominals and losing the roundness of the spine as you roll up to sitting – this can make it hard to roll up in one smooth motion
- Pulling with the arms, hunching the shoulders or tensing the neck
- Poking the chin out and lagging the head behind the body
- Rolling too far back onto the neck
- Allowing the legs to move away from the body
- Losing balance when sitting – the shoulders should be over the hips in this position

Encourage and Inspire

- "Looking good, keep going!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, roll back"
- "EXHALE, roll back up"

Ending the Exercise

- "…and roll back up to sitting, feet down and rest"

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Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Rollup

Muscles and Movements

Target Muscles

- Internal and External Obliques to round the spine (lumbar and thoracic flexion) and roll the body back and forward

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic and lumbar flexion)
- Hip Flexors to hold the legs up (hip flexion)

Stabilising Muscles

- T-Zone to stabilise the lower back, draw the abdominals flat and help balance
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to draw the thigh bones into the hip sockets (stabilise the hip joints)

Joint Mobility

- Increases lumbar and thoracic flexion range of movement

Injuries/Caution

Lower Back Pain or Upper Back Pain

- Check T-Zone and Oblique activation
- Roll back and keep the spine rounded rather than hinging or leaning straight back
- Rest the feet down on the mat between repetitions
- If pain persists, discontinue the exercise

Lumbar, Thoracic and Cervical Disc Injuries

- Avoid this exercise as it involves lumbar, thoracic and cervical flexion

Hip Pain, Hip Clicking or Hip Flexor Cramps

- Focus on using the abdominals to roll the body up and down, don't pull up with the legs
- Open the knees and turn them out slightly
- Try holding behind the thighs rather than holding the shins

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Neck Pain or Shoulder Pain

- Don't roll too far back – you should only roll onto the shoulder blades/mid back, not the neck
- Ensure that the shoulders are staying down and back and the arms are not pulling on the legs
- Keep the chin tucked in and eyes on the knees
- If pain persists, discontinue the exercise

Osteoporosis

- Avoid this exercise

Vertigo or Dizziness

- Avoid this exercise

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a great exercise to perform after Half Rollback 1 (Arms in Front) or Rollup
- It works the abdominals to hold the rounded spine position and massages the spine
- A great exercise for increasing spinal flexion and abdominal strength in this position
- There are two reasons why clients may struggle to roll – either their abdominals may not be strong enough to perform the movement, or more commonly, they may not be flexible enough to round the spine (flexion) which prevents being able to roll
- Clients with a large lumbar Lordosis often find it challenging to roll the spine up and down without getting stuck as they may not have the spinal flexion range of movement required
- Clients who lave low body fat or protruding bones may find this exercise uncomfortable to perform due to the pressure on the spine, using a thicker mat may help

Palpations/Physical Corrections

It can be challenging to palpate clients in this exercise as the movement blocks access to the client's body. Ask the client to stop the movement to perform the palpations below, then encourage them to continue with the exercise.

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Scapula Setting #1: In Between the Shoulder Blades
- Thoracic Spine Positioning #5: Rounding the Spine

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Teaser Preparation

Intensity=3 Difficulty=3

Cueing Formula

Exercise Tip: To make this exercise easier, try using an imprinted spine.

Note that if using an imprinted spine, you should still think of extending the upper back and avoid slumping and rounding the spine.

Name of Exercise

"Teaser Preparation"

What and/or Where it Works

"This works the abdominals, arms and front of the thighs"

Demonstration

Cue the following while demonstrating each level –

"There are 2 levels in Teaser Preparation. Level 1 is with the legs in tabletop position, Level 2 is with the legs extended straight out. In both positions the thighs are at 90 degrees to the torso, in a 'V' sit position."

Set Up

"Sitting with the hands on the mat out to the sides and slightly behind the body, elbows straight to support the body weight. Knees bent to 90 degrees and squeezed together, toes pointed, resting on the floor. Sitting up tall, neutral spine, shoulders down and back, chest open, chin tucked in, neck long."





Level 1 (Tabletop)

Breathing and Movement

"INHALE, T-Zone"

"EXHALE, lift the legs off the floor into position for Level 1 or 2"



Level 2 (Legs Extended)

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"INHALE, return the feet to the floor, knees bent"



Permission to Continue

- "Keep going, and…"

Concentration Points

- "Lift the legs up high, making a 'V' shape with the body – thighs and torso at 90 degrees"***
- "Flatten and scoop the T-Zone as you hold the position"***
- "Sit tall on the sit bones, lengthening the crown of the head, neutral spine"***
- "Draw the ribs toward the hips/use the abdominals to support the back"***
- "Don't sag through or round the lower back or take too much weight in the hands"***
- "Squeeze the legs together, pointing the toes"***
- "If your legs are extended into Level 2 position, try to keep them as straight as possible"***
- "Keep the shoulder blades drawing down and back, lifting and opening the chest"***
- "Chin tucked in and the back of the neck long, eye gaze straight ahead"
- "Keep the elbows straight but not locked"

To Make it Easier

- "Keep the legs in tabletop for Level 1"
- "Don't raise the legs as high"
- "Use an imprinted spine position"

To Make it Harder

- "Extend the legs straight into a 'V' for the Level 2 position"
- "Hold up in the teaser position for longer, breathing in and out"
- "Take the hands off the mat and raise them up to shoulder height"



Modification with Hands Off Mat

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Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Arching the lower back, letting the T-Zone and abdominals relax
- Collapsing the pelvis into a full posterior tilt/spinal flexion
- Not holding the legs up high enough
- Not squeezing the legs together - overusing the Hip Flexors to hold the legs up
- Tensing the neck, hunching the shoulders or rounding them forward
- Taking too much weight through the hands
- Bending or locking the elbows
- Poking the chin out, wrong head position or eye gaze
- Losing balance, falling forward and putting the feet down

Encourage and Inspire

- "Amazing effort everyone!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, raise the legs"
- "INHALE, return the legs"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Bicycle Legs (On the Elbows) – Level 1, Beats (On the Elbows) – Level 2

Muscles and Movements

Target Muscles

- Internal and External Obliques to hold the body in the teaser position and prevent the lower back from arching or the ribs flaring
- Hip Flexors to raise and hold the legs up (hip flexion)

Accessory Muscles

- Rectus Abdominus to hold the body in position and prevent the lower back from arching
- Adductors to squeeze the legs together (hip adduction)
- Quadriceps to keep the knees straight when extended in Level 2 (knee extension)

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- Deltoids to support the body weight

Stabilising Muscles

- T-Zone to support the lower back
- Multifidus to stabilise the lower back
- Iliacus to draw the thigh bones into the hip sockets (stabilise the hip joints)
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Lower Trapezius to draw the shoulder blades down and back (Scapula retraction/depression)
- Deep Neck Flexors to tuck the chin in (upper cervical flexion)

Injuries/Caution

Lower Back Pain or Lumbar Disc Injuries

- Avoid this exercise for anyone with any lower back pain or a lumbar Disc Bulge
- Ensure that the lumbar spine is neutral and it is not arching or rounding
- You may need to move to hands in or out slightly to support the spine in the correct position
- If a client is unable to obtain a perfect neutral spine position, try using an imprinted spine, but avoid slumping back, posteriorly tilting the pelvis and rounding the spine
- Keep the legs squeezed together and the toes pointed to switch off the Hip Flexors
- Focus on keeping the T-Zone tight and the abdominals flat and scooped
- Perform Level 1 with the legs in tabletop position
- Just lift one leg off the mat at a time (for Level 1) or only extend one leg at a time (for Level 2)
- If pain persists, try a different abdominal exercise



Modification Level 1 with One Leg Extending



Modification Level 2 with One Leg Extending

Sciatica or Tight Hamstrings

- Perform Level 1 with the legs in tabletop position

Hip Pain, Hip Clicking or Hip Flexor Cramps

- Check that the T-Zone and Obliques are working
- Keep the legs squeezed together
- Cue for Iliacus activation – think of using the inner thigh rather than the outer thigh to lower the legs, reach through the toes and draw the thigh bone into the hip socket
- Perform Level 1 with the legs in tabletop position
- Perform the modification where you lift one leg at a time

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Neck Pain or Shoulder Pain

- Don't place the hands too far behind the body or too far out to the sides
- Keep the elbows unlocked
- Take less weight through the hands, focus on sitting up tall and lifting through the crown
- Keep the shoulder blades down and back, the chest open and the chin tucked in
- If pain persists, perform a different abdominal exercise

Wrist Pain

- Try changing the hand position – some clients find turning the hands out to the sides more comfortable, or coming up onto the fists
- Place less weight through the hands, use the abdominals more to hold the body up

Pregnancy

- Safe to perform in the first trimester of pregnancy
- Avoid in the second and third trimesters

Programming Advice

- This a great abdominal and Hip Flexor exercise that prepares you for performing the more advanced Teaser exercises
- Is a good alternative to the Supine Abdominal Series for clients who have neck pain
- Perform this exercise after other supine abdominal exercises so that the abdominals are already warmed up
- Works well when performed before the harder Teaser exercises, the Can Can exercises or the Open Leg Rocker exercises
- A good option for a group class as there are different levels and several ways to make it easier or harder

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #1: Squeeze the Legs Together
- Leg Positioning #3: Guiding Leg Height and Position
- Lumbar Spine Positioning #1: Supine Ab Exercises on Hands or Elbows
- Thoracic Spine Positioning #4: Teaser

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Teaser

Intensity=3.5 Difficulty=3.5

Cueing Formula

Exercise Tip: To make it easier, try using an imprinted spine when in the 'V' sit position.

Note that if using an imprinted spine, you should still think of extending the upper back and avoid slumping and rounding the spine.

Name of Exercise

"Teaser"

What and/or Where it Works

"This works the abdominals and the front of the thighs"

Demonstration

Cue the following while demonstrating each level –

"There are 2 levels in Teaser. In Level 1, you curl the body up and keep the legs in tabletop position. In Level 2, you curl the body up and extend the legs straight out into a 'V' position"

Set Up

"Lying on the back, spine imprinted, legs in tabletop position squeezed together. Arms straight up toward the ceiling, palms facing the knees, shoulder blades down and back, chin tucked in."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, tuck the chin and use the abdominals to roll the body up one vertebra at a time…"



"… raising the arms out in front at shoulder height, sitting up tall on the sit bones and either keep the legs in tabletop for Level 1 or extend the legs for Level 2, making a 'V' shape"

"INHALE, T-Zone, hold"



Level 1 (Tabletop)



Level 2 (Legs Extended)



"EXHALE, legs into tabletop, tuck the Pubic Bone toward the belly button and roll the spine back down one vertebra at a time…"

"…and return the arms back to the start position"

Permission to Continue

- "Keep going and…"

Concentration Points

- "Use the abdominals to control, rolling up and down one vertebra at a time"***
- "Flatten and scoop the T-Zone while moving and to hold the teaser position at the top"***
- "Make a 'V' shape with the body – thighs and torso should be roughly at 90 degrees"***
- "Initiate the curl up by tucking the chin, drawing the ribs to the hips and rolling back up one vertebra at a time, keeping the Pubic Bone toward the belly button as you curl up"***
- "Keep a neutral spine in the Teaser position, sitting tall on the sit bones and chest open"***
- "Squeeze the legs together, pointing the toes"***
- "As you roll back down, tuck the pelvis under first before rolling down"***
- "Shoulder blades down and back, chin tucked in, lengthen through the crown of the head"***

To Make it Easier

- "Keep the legs in tabletop for Level 1"
- "Use an imprinted spine position"

To Make it Harder

- "Extend the legs into the Level 2 position"
- "If performing Level 2, raise the arms higher and reach up more toward the toes"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Losing the correct tabletop position (the thighs should always be 90 degrees to the torso)
- Using momentum or the arms too much to roll up and down rather than the abdominals
- Not rolling up/down one vertebra at a time
- Flopping back down, not controlling with the abdominals
- Arching the lower back, letting the T-Zone and abdominals relax
- Overusing the Hip Flexors to hinge up – not keeping the legs squeezed together
- Collapsing the pelvis into a full posterior tilt/spinal flexion when in teaser position at the top

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- Tensing the neck, hunching the shoulders
- Poking the chin out, leading with the neck
- Losing balance, falling forward and putting the feet down
- Losing balance and falling backward

Encourage and Inspire

- "Wow, great effort!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, curl the body up into the teaser position, arms in front"
- "INHALE, T-Zone"
- "EXHALE, knees into tabletop, roll the body down, hands to the ceiling"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Teaser Preparation, Rollup

Muscles and Movements

Target Muscles

- Internal and External Obliques to roll the body up and down (thoracic and lumbar flexion) and prevent the lower back from arching or the ribs flaring
- Hip Flexors to hold the legs in tabletop position or extended (hip flexion)

Accessory Muscles

- Rectus Abdominus to roll the body up (thoracic and lumbar flexion) and control it rolling down (eccentric thoracic and lumbar extension)
- Adductors to squeeze the legs together (hip adduction)
- Quadriceps to keep the knees straight when extended in Level 2 (knee extension)
- Anterior and Middle Deltoids to raise the arms (shoulder flexion)

Stabilising Muscles

- T-Zone to support the lower back
- Multifidus to stabilise the lower back
- Iliacus to draw the thigh bones into the hip sockets (stabilise the hip joints)
- Lower Trapezius to draw the shoulder blades down and back (Scapula retraction/depression)

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- Deep Neck Flexors to tuck the chin in (upper cervical flexion)

Joint Mobility

- Increases lumbar and thoracic flexion range of movement

Injuries/Caution

Lower Back Pain

- Avoid this exercise for anyone with any lower back pain
- When lying down, ensure that the spine is imprinted, and the knees are in the correct tabletop position
- When in the 'V' sit teaser position, ensure that the spine is neutral, not arching or rounding
- If a client is unable to obtain a neutral spine in the 'V' sit position, try using an imprinted spine, but avoid slumping back, posteriorly tilting the pelvis and rounding the spine
- Keep the legs squeezed together and the toes pointed to switch off the Hip Flexors
- Focus on keeping the T-Zone tight and the abdominals flat and scooped
- Lordotic clients may not have enough lumbar flexion range of movement to be able to roll up and down –they may be better off performing Teaser Preparation instead as it omits the rolling component
- Focus on rolling the spine up and down one vertebra at a time with control
- Perform Level 1 with the legs in tabletop position
- If pain persists, try a different abdominal exercise

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid this exercise for anyone with a cervical, thoracic or lumbar Disc Bulge

Sciatica

- Perform Level 1 with the legs in tabletop

Osteoporosis

- Avoid this exercise

Hip Pain, Hip Clicking or Hip Flexor Cramps

- Check that the T-Zone and Obliques are working
- Keep the legs squeezed together
- Cue for Iliacus activation – think of using the inner thigh rather than the outer thigh to raise and lower the legs, reach through the toes and draw the thigh bone into the hip socket
- Perform Level 1 with the legs in tabletop position

Neck Pain or Shoulder Pain

- Relax the shoulders and neck, focus on using the abdominals instead
- Ensure that the shoulder blades are drawing down and back
- Keep the chin tucked in as you roll up and down

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Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid in the first trimester if clients feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This requires a large amount of abdominal strength, flexibility, coordination and control
- Perform after easier supine abdominal exercises so that the abdominals are warmed up
- Works well after Teaser Preparation or Rollup
- When programming this exercise into a class, you may wish to start the class off with some spinal flexion and Hamstring stretches to assist with the flexibility required eg. Rolldown Stretch from the Matwork Course or Spine Stretch
- If some clients in the class are having difficulty rolling up and down, have them perform Teaser Preparation instead
- If you have completed the Studio Pilates Ball, Circle and Band Course, you can also use a Pilates band or a ball to assist in holding the legs up and extending them out into the teaser position
- To use a ball, start with the ball under the heels and as you roll the body up to sitting, extend the legs out, rolling the ball away from you



INHALE



EXHALE

Modification with the Ball

- To use a band, place the band flat around the arches of the feet in the setup, pull the band taut and hold onto the band with the hands halfway along the shins. Elbows bent and tucked in by the sides. Roll the body up to sitting, then extend the legs straight, keeping the arms bent and still.



INHALE



EXHALE

Modification with the Band

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Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #1: Squeeze the Legs Together
- Leg Positioning #3: Guiding Leg Height and Position
- Scapula Setting #1: In Between the Shoulder Blades
- Thoracic Spine Positioning #4: Teaser

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PRONE LYING SERIES

Single Leg Kick

Intensity=2 Difficulty=2

Cueing Formula

Exercise Tip: As this is a complicated movement to teach and perform, initially demonstrate the exercise, while the clients watch you.

When you start to talk the clients through the exercise, cue the movement by itself first, then once the clients are performing the movement add in the breathing (after the first couple of repetitions). This allows the client to perfect the movement before adding in the two exhales.

Name of Exercise

"Single Leg Kick"

What and/or Where it Works

"This works the back of the thighs"

Set Up

"Lying on the stomach with the legs extended straight, hip distance apart toes pointed. Bend the elbows and place them under the shoulders, propping the body up on the forearms, palms facing down. Tuck the Pubic Bone into the mat, tighten the abdominals and draw the ribs toward the hips to support the back and keep it as neutral as possible. Shoulder blades down and back, chin tucked in."



Breathing and Movement

"INHALE, T-Zone, engage the back of the thighs"

"EXHALE, bend the knee and draw the heel up toward the bottom, flexing the foot…"



"…then release it slightly"



"EXHALE, bend the knee and point the foot"



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"INHALE, straighten the leg and return it to the mat"

"Alternate sides"

Permission to Continue

- "Keep going, alternating legs, and…"

Concentration Points

- "Squeeze the back of the thigh and draw the heels toward the bottom"***
- "T-Zone tight, abdominals lifted and ribs to hips to prevent the lower back from arching"***
- "Squeeze the buttocks and tuck the Pubic Bone into the mat"***
- "Keep the body still as you perform the kicks"***
- "Flex the foot on the first kick, then point on the second"***
- "Make sure that your upper back doesn't sag through the shoulder blades – imagine a piece of string pulling the upper back up toward the ceiling to touch the shoulder blades"***
- "Keep the head in line with the body, neck long, eyes to the floor in front, chin tucked in"***
- "Shoulder blades down and back"***
- "As you return the leg to the mat and straighten the knee, think of lengthening through the toes/reaching the toes the wall behind you"***
- "Try to keep the kneecaps facing straight down the whole time, legs hip distance apart "

To Make it Easier

- "Don't bend the knees as much"
- "Omit the flexing and pointing and just keep the toes pointed the whole time"

To Make it Harder

- "Bend the knees further"
- "Speed the movement up, alternating legs faster so that there are never two legs on the floor at the same time. Keep the toes pointed and follow the breathing pattern of -"

  "EXHALE, for 4 counts" (2 pulses on each side)
  "INHALE, for 4 counts" (2 pulses on each side)
  "INHALE, 2, 3, 4"
  "EXHALE, 2, 3, 4"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Dipping through the lower back, letting the T-Zone and abdominals relax
- Rocking the pelvis or moving the body
- Not keeping the legs hip distance apart or letting the legs roll in or out
- Hunching the shoulders
- Sagging through the upper back, winging the shoulder blades

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- Not keeping the neck in line with body – either having the head too high or too low, arching the neck and poking the chin out
- Getting the coordination of pointing and flexing the feet incorrect

Encourage and Inspire

- "Excellent!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, bend the knee, foot flexed
- "EXHALE, bend the knee, toes pointed"
- "INHALE, straighten"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Swan Preparation, Serratus Anterior Activation Exercise
- MATWORK PROGRESSIONS PREREQUISITES: Swan

Muscles and Movements

Target Muscles

- Hamstrings to bend the knee (knee flexion) and to control the leg as it straightens (eccentrically controlling knee extension)
- Stretches the Quadriceps

Accessory Muscles

- Tibialis Anterior to flex the foot (ankle dorsiflexion)
- Gastrocnemius and Soleus to point the foot (ankle plantarflexion)

Stabilising Muscles

- T-Zone to support the lower back
- Internal and External Obliques to stop the lower back from arching
- Multifidus to stabilise the lower back
- Gluteus Maximus to tuck the Pubic Bone into the mat and stabilise the pelvis
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

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- Serratus Anterior to stop the Scapulae from winging/the upper body sagging through the shoulder blades (Scapula protraction and lateral rotation)
- VMO to stabilise the kneecap as the knee bends and extends

Joint Mobility

- Increases knee flexion range of movement

Injuries/Caution

Lower Back Pain

- Slow the movement down so that there is more control
- Really tuck the Pubic Bone into the mat and lift the abdominals up to protect the lower back
- Stretching the Hip Flexors and Quadriceps prior to this exercise can help clients gain enough flexibility and decrease the chance of the lower back arching
- If the lower back is arching don't bend the knees as much
- If a client cannot hold the position of being up on the forearms without their lower back arching and dipping, then either move the elbows slightly forward so that the body is not raised as high, or perform the exercise lying on the stomach with the hands under the forehead.



Modification with Elbows Forward



Modification Lying on the Stomach with Hands Under Forehead

Neck Pain or Shoulder Pain

- Make sure that the elbows are directly under the shoulders, not forward or back
- Keep the shoulder blades down and back, neck long, chin tucked in, eyes looking to the floor
- Cue Serratus Anterior so that the upper back doesn't sag through the shoulder blades
- If pain persists, perform the exercise lying on the stomach with the hands under the forehead

Knee Pain

- Make sure that the legs are staying hip distance apart and not rotating in or out
- Don't bend the knees as much
- If pain persists, discontinue the exercise

Hamstring or Calf Cramps

- Stop and stretch the muscles

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Pregnancy

- Safe to perform in the first trimester
- Will not feel comfortable to lie in this position once the baby starts to show
- Avoid in the second and third trimesters

Programming Advice

- Works well when performed after Swan Preparation or Swan
- Is a good exercise to perform before Double Leg Kick
- Good for a group class as you can have some clients perform the exercise propped up on the elbows while others are lying with their hands under their forehead
- Clients with tight Quadriceps and Hip Flexors won't be able to bend their knees very far – stretching the Quadriceps first can help increase this range of movement
- For clients who find the coordination difficult, you can keep the toes pointed the whole time rather than flexing the foot
- Note that this exercise is traditionally performed with the toes pointed the whole time and a double kick. We have chosen to alternate between a flexed and pointed foot. A flexed foot helps to engage the Hamstrings and stretches the Quadriceps more.

Palpations/Physical Corrections

- Ab Activation #3: Ribs to Hips (Obliques)
- Ab Activation #4: Prone Ab Activation
- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #5: Serratus Anterior
- Thoracic Spine Positioning #2: Prone Extension
- Pelvic Positioning #5: Prone
- Pelvic Positioning #8: Preventing the Pelvis from Rocking
- Leg Positioning #3: Guiding Leg Height and Position
- Head Positioning #1: Prone Extension

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Double Leg Kick

Intensity=2 Difficulty=3

Cueing Formula

Exercise Tip: As this is a complicated movement to teach and perform, initially cue the movement by itself first, then once the clients are performing the movement add in the breathing (after the first couple of repetitions). This allows the client to perfect the movement before adding in the three exhales.

Name of Exercise

"Double Leg Kick"

What and/or Where it Works

"This works the back muscles, the back of the thighs and stretches the chest"

Set Up

"Lying on the stomach with the legs extended straight, squeezed together and toes pointed. Turn your head and place your right cheek onto the mat, bend the elbows and place the hands one top of the other on the back, then widen the elbows. Tuck the Pubic Bone into the mat, abdominals lifted, neutral spine."



Breathing and Movement

"INHALE, T-Zone, engage the back of the thighs"

"EXHALE, EXHALE, EXHALE, bend the knees and kick the feet toward the buttocks and pulse quickly three times…"



"INHALE, straighten the legs to the mat, lift the head and chest off the mat and reach the hands toward the feet"



"EXHALE, turn the head the other way, bend the elbows out to the sides, return the hands behind the back and lower the chest to the mat"



Permission to Continue

- "Keep going, and…"

Concentration Points

- "Keep the T-Zone tight and abdominals lifted to support the lower back as the legs kick and when the spine extends"***
- "Squeeze the buttocks and tuck the Pubic Bone into the mat"***

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- "Keep the body still as you perform the kicks"***
- "As you straighten the legs and return them to the mat, think of lengthening through the toes/reaching the toes the wall behind you"***
- "When you stretch, open the chest, drawing the shoulder blades back, reaching the hands toward the feet"***
- "Keep the head in line with the body, neck long, eyes to the floor in front, chin tucked in"***

To Make it Easier

- "Don't bend the knees as much"
- "Don't raise the chest as high or reach as far toward the feet"

To Make it Harder

- "Bend the knees further"
- "Raise the chest higher and really reach the hands further toward the feet"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Dipping or hyperextending through the lower back, letting the T-Zone and abdominals relax
- Rocking the pelvis or moving the body
- Not keeping the legs squeezed together
- Hunching the shoulders or letting them round forward
- Not keeping the neck in line with body – either having the head too high or too low, arching the neck and poking the chin out

Encourage and Inspire

- "Great work, keep it going!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE-EXHALE-EXHALE, bend the knees and kick three times"
- "INHALE, straighten the legs, reach the hands to the feet and raise the chest"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Flight 2 (Head Up)

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- MATWORK PROGRESSIONS PREREQUISITES: Single Leg Kick

Muscles and Movements

Target Muscles

- Hamstrings to bend the knees (knee flexion) and to control the legs as they straighten (eccentrically controlling knee extension)
- Thoracic and umbar Erector Spinae to extend the upper and lower back (thoracic and lumbar extension)
- Stretches the Pectoralis Major and Minor
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

Accessory Muscles

- Gastrocnemius and Soleus to point the feet (ankle plantarflexion)
- Latissimus Dorsi and Triceps to raise the arms and reach toward the feet (shoulder extension) and Triceps to straighten the elbows (elbow extension)

Stabilising Muscles

- T-Zone to support the lower back
- Internal and External Obliques to support the lower back as it extends
- Multifidus to stabilise the lower back
- Gluteus Maximus to tuck the Pubic Bone into the mat and stabilise the pelvis
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)

Injuries/Caution

Lower Back Pain

- Slow the movement down so that there is more control
- Really tuck the Pubic Bone into the mat and lift the abdominals up to protect the lower back
- If the lower back is dipping or hyperextending, don't bend the knees as much or raise the body as high
- Stretching the Hip Flexors and Quadriceps prior to this exercise can help clients gain enough flexibility and decrease the chance of the lower back dipping or hyperextending
- If a client is experiencing pain on lifting the chest, omit this part and just perform repeating sets of the 3 leg kicks



Modification with Head Down

Neck Pain or Shoulder Pain

- Some clients with shoulder pain may not feel comfortable with their arms in this position

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- Don't raise the arms as high or reach as far toward the toes
- Keep the shoulder blades down and back, neck long, chin tucked in, eyes looking to the floor
- Can omit the head movement for neck pain
- If pain persists, omit arm and neck movement and just perform leg movement instead

Knee Pain

- Make sure that the legs are staying together and not rotating in or out
- Try with the legs hip distance apart – make sure that the legs are staying hip distance apart and not rotating in or out
- Don't bend the knees as much
- Stretching the Quadriceps beforehand can help
- If pain persists, discontinue the leg movement and just perform the upper body movement



Modification with Upper Body Movement Only

Pregnancy

- Avoid this exercise once the baby starts to show as it involves rolling over the stomach and placing direct pressure on it

Programming Advice

- Works well when performed after Single Leg Kick
- Is a good exercise to perform before Grasshopper
- Also works well when performed before or after Rocking Preparation
- This is a great exercise for lengthening the muscles at the front of the body and working the muscles at the back of the body – it really works the back muscles, Hamstrings and shoulder blade muscles and opens the chest

Palpations/Physical Corrections

- Ab Activation #3: Ribs to Hips (Obliques)
- Ab Activation #4: Prone Ab Activation
- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #5: Serratus Anterior
- Thoracic Spine Positioning #2: Prone Extension
- Pelvic Positioning #5: Prone
- Pelvic Positioning #8: Preventing the Pelvis from Rocking
- Leg Positioning #3: Guiding Leg Height and Position
- Arm Positioning #1: Guiding Arm Position and Movement
- Head Positioning #1: Prone Extension

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Grasshopper

Intensity=3 Difficulty=3

Cueing Formula

Exercise Tip: As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the exercise Set Up rather than in the Breathing and Movement.

Name of Exercise

"Grasshopper"

What and/or Where it Works

"The buttock muscles, back of the thigh muscles and the lower back muscles"

Set Up

"Lying on the stomach with the elbows bent, forehead resting on the hands, legs extended straight and slightly wider than hip distance apart, toes pointed. Tuck the Pubic Bone into the mat, neutral spine, T-Zone tight."



Breathing and Movement

"INHALE, squeeze the buttocks and raise the legs up off the floor"



"EXHALE, bend the knees crossing the ankles whilst keeping the thighs up off the floor"



"INHALE, straighten the legs, keep them high"



"EXHALE, cross the ankles, swapping which leg is on top, maintaining the height of the legs"



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"INHALE, straighten the legs"



"EXHALE, lower the legs to the floor"



Permission to Continue

- "Keep going and…"

Concentration Points

- "Keep the T-Zone lifting up away from the floor, tuck the Pubic Bone into the floor"***
- "Lift the legs by using the buttock muscles, not the lower back muscles"***
- "Squeeze the buttocks to lift the legs and keep them as high off the floor as possible without arching the lower back"***
- "Don't let the thighs drop when bending the knees, keep them high"***
- "Squeeze the thighs to really straighten the knees"***
- "Think of lengthening through the toes/reaching the toes to the wall behind you"***
- "The knees can open slightly as they bend"

To Make it Easier

- "Don't raise the legs as high or bend the knees as much"

To Make it Harder

- "Raise the legs as high as you can without arching the lower back and bend the knees more"
- "Hold the legs up and continue to cross the legs as many times as you can before resting"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Dipping through the lower back, letting the T-Zone and abdominals relax
- Raising the legs too high without using the lower back muscles rather than the buttocks and Hamstrings (arching the lower back)
- Not raising the legs high enough (usually due to tight Hip Flexors or not using the buttock muscles enough)
- Lowering the thighs as the knees bend
- Not fully straightening the knees and reaching through the toes

Encourage and Inspire

- "Nearly there! I know you're really feeling this!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, raise the legs"
- "EXHALE, bend the knees, cross the ankles"
- "INHALE, straighten the legs"
- "EXHALE, bend the knees, crossing the other way"
- "EXHALE, straighten the legs"
- "INHALE, lower the legs to the floor"

Ending the Exercise

- "…and rest back down"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Breaststroke Legs, Freestyle Legs
- MATWORK PROGRESSIONS PREREQUISITES: Double Leg Kick

Muscles and Movements

Target Muscles

- Gluteus Maximus to raise the legs off the floor (hip extension)
- Hamstrings to assist in raising the legs (hip extension) and to bend the knees (knee flexion)

Accessory Muscles

- Quadriceps to straighten the knees (knee extension)

Stabilising Muscles

- T-Zone to support the lower back
- Internal and External Obliques to stop the lower back from arching
- Multifidus to stabilise the lower back
- VMO to stabilise the kneecap as the knee bends and extends

Injuries/Caution

Lower Back Pain or SIJ Pain

- Use caution for anyone with SIJ (Sacroiliac Joint) problems, lumbar spine instability, a large lumbar spine Lordosis or overactive lower back muscles/Erector Spinae muscles
- Really tuck the Pubic Bone into the mat and lift the abdominals up to protect the lower back
- Don't lift the legs too high off the mat or the lower back will arch

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- Stretching the Hip Flexors and Quadriceps prior to this exercise can help clients gain enough flexibility and decrease the chance of the lower back arching
- Allow the legs to turn out a little wider to take the Quadriceps off stretch
- If pain persists, discontinue the exercise and perform Single Leg Kick or Double Leg Kick

Pubic Bone Pain

- Place a folded towel under the pelvis to take the pressure off the Pubic Bone
- Focus on the T-Zone and don't open the legs too wide or raise them too high

Knee Pain

- Make sure that the legs are not rotating in or out as the knees bend and straighten
- Don't bend the knees as much
- If pain persists, discontinue the exercise, perform Breaststroke Legs or Freestyle Legs instead

Pregnancy

- Safe to perform at the beginning of the first trimester or as long as it feels comfortable
- Will not feel comfortable to lie in this position once the baby starts to show
- Avoid in the second and third trimesters

Programming Advice

- A great exercise to work the buttocks and Hamstrings into hip extension and switch the Hip Flexors off
- This is a simple exercise to cue and understand but challenging to perform correctly without arching the lower back
- If someone has very tight Hip Flexors or a large Lordosis, doing a Hip Flexor Stretch prior to this exercise will help give them the hip extension range of movement they need to be able to lift their legs off the floor
- Perform this exercise just after Double Leg Kick or Breaststroke Legs so that the buttocks and Hamstrings are already warmed up in a similar position
- In a group class, if some clients cannot perform this exercise, have them to perform Double Leg Kick instead

Palpations/Physical Corrections

- Ab Activation #4: Prone Ab Activation
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #5: Prone
- Gluteal Activation #3: Gluteus Maximus***
- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes

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Rocking Preparation

Intensity=3 Difficulty=3

Cueing Formula

Exercise Tip: Note the breathing for this exercise. You inhale as you extend through the upper back as the inhalation assists the thoracic extension.

As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the Set Up rather than in the Breathing and Movement.

Name of Exercise

"Rocking Preparation"

What and/or Where it Works

"This exercise stretches the front of the thighs and chest and works the upper and lower back"

Set Up

"Lying on the stomach, bend the knees, reach around and grab around the top of the feet/ankles. Knees hip distance apart, forehead resting on the mat. Shoulder blades down and back, neutral spine, T-Zone tight."



Breathing and Movement

"INHALE, raise the thighs up toward the ceiling, pressing the feet into the hands, lifting and opening the chest"



"EXHALE, lower down onto the mat"



Permission to Continue

- "Keep going and…"

Concentration Points

- "Squeeze the buttocks to raise the thighs, and then press the feet away from your bottom and toward the ceiling"***
- "Keep the knees hip distance apart and pointing straight, don't let them separate further"***
- "As you press the feet up away, the arms will straighten and focus on really opening the chest and drawing the shoulders down and back"***
- "Extend through the upper and lower back evenly, keep your abdominals tight as you lift"***
- "Anchor your Pubic Bone into the floor and lift the abdominals up to prevent the lower back from sagging through"***
- "Keep the eyes looking toward the floor in front of you, chin tucked in, elongate the neck and lengthen through the crown of the head"***

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To Make it Easier

- "Don't raise the thighs as high, press the feet away as much or raise the chest as high"

To Make it Harder

- "Squeeze the buttocks to raise the thighs higher, press the feet away further and raise the chest higher"
- "Hold up for a few breaths to stretch for longer"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Separating the knees wider than hip width
- Losing the abdominals, sagging and hyperextending through the lower back
- Hyperextending the neck and poking the chin out
- Hunching the shoulders or rounding them forward
- Losing control, rocking the pelvis or leaning to one side

Encourage and Inspire

- "Looking good, keep going!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, raise the legs and press the feet into the hands, lifting the chest"
- "EXHALE, release to the mat"

Ending the Exercise

- "…and rest back down"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Kneeling Quad Stretch, Hip Flexor Stretch, Swan Preparation, Flight
- MATWORK PROGRESSIONS PREREQUISITES: Swan

Muscles and Movements

Target Muscles

- Stretches the Quadriceps, Hip Flexors, Pectoralis Major, Pectoralis Major and Rectus Abdominus

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Accessory Muscles

- Thoracic and Lumbar Erector Spinae to extend the upper and lower back (thoracic and lumbar extension)
- Gluteus Maximus and Hamstrings to raise the legs up (hip extension)
- Quadriceps to press the feet away from the bottom, into the hands (knee extension)
- Latissimus Dorsi, Posterior Deltoids and Triceps to reach the feet (shoulder extension) and Triceps to straighten the elbows (elbow extension)

Stabilising Muscles

- Transversus Abdominus to stabilise the lumbar spine
- Internal and External Obliques to support the lower back as it extends
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck flexors to stabilise the neck and tuck the chin in (upper cervical flexion)
- Multifidus to stabilise the lower back

Joint Mobility

- Increases thoracic and lumbar extension range of movement
- Increases hip extension range of movement
- Increases shoulder extension range of movement

Injuries/Caution

Lower Back Pain

- Be careful not to sag through the lower back
- Really tuck the Pubic Bone into the mat and lift the abdominals up to protect the lower back
- Take care with clients who are Lordotic/Kyphotic as it is difficult to stop the lower back from hyperextending due to the muscles being quite tight, it may help to stretch the Quadriceps, Hip Flexors and Pectoralis Major first
- Don't lift the body or legs as high
- If pain persists, perform Swan Preparation or Quadricep Stretch or Hip Flexor Stretch

Upper Back Pain

- Extremely kyphotic clients will struggle to have enough mobility to perform this exercise at all
- Check the lower back, neck and shoulder position
- Don't lift the body or legs as high
- If pain persists, perform Swan Preparation or Quadricep Stretch or Hip Flexor Stretch

Neck Pain

- Make sure that the neck remains neutral, not hyperextended – chin tucked in, lengthen through the crown of the head, eyes looking at the mat in front of you
- You may need to place a pillow underneath the forehead to maintain a neutral neck position if the client has a large thoracic Kyphosis or a big chest for the beginning of the movement

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Shoulder Pain

- Some clients may experience shoulder pain in this fully extended position, particularly if they have tight chest muscles
- Perform a Chest Stretch beforehand
- Don't raise the legs as high
- Discontinue the exercise if pain persists

Knee Pain

- Make sure that the legs are hip distance apart
- Don't bend the knees as much
- Stretching the Quadriceps beforehand can help

Pubic Bone Pain

- Place a folded towel or small cushion under the Pubic Bone

Pregnancy

- Safe to perform at the beginning of the first trimester or as long as it feels comfortable
- Will not feel comfortable to lie in this position once the baby starts to show
- Avoid in the second and third trimesters

Programming Advice

- This is a great exercise that really stretches down the front of the body
- Is perfect for someone with a Kyphosis or Lordosis as they are usually tight in their Quadriceps and Pectoralis Major, and this exercise stretches both of those muscles
- Clients with a Lordosis and Kyphosis will initially find it difficult not to sag through or hyperextend their lower back
- Is a good alternative for stretching the Quadriceps for clients who cannot kneel
- Works well when performed prior to other prone lying exercises in which the legs and chest lift as it increases flexibility in this position
- Program this exercise directly prior to Rocking as a warm up exercise

Palpations/Physical Corrections

- Ab Activation #4: Prone Ab Activation
- Pelvic Positioning #5: Prone
- Scapula Setting #2: Scapula Resetting
- Head Positioning #1: Prone Extension
- Leg Positioning #3: Guiding Leg Height and Position

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Swan

Intensity=2 Difficulty=3

Cueing Formula

Exercise Tip: Note the breathing for this exercise. You inhale as you extend through the upper back as the inhalation assists the thoracic extension.

As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the Set Up rather than in the Breathing and Movement.

Name of Exercise

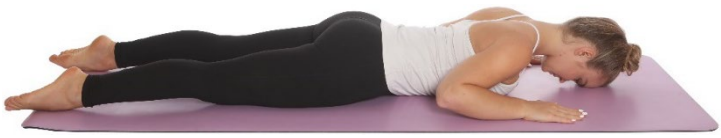
"Swan"

What and/or Where it Works

"This works the upper and lower back muscles, stretches the front of the body and the spine"

Set Up

"Lying on the stomach with the legs straight and relaxed on the mat, forehead resting on the mat. Elbows bent, hands just in front of the shoulders on the mat with the palms facing down. No downward pressure applied through the arms. Shoulders down and back, neutral spine, gently tuck the Pubic Bone into the mat, lifting the abdominals away from the floor. T-Zone."



Breathing and Movement

"INHALE, extend through the upper back, lifting the chest and head off the mat…"



"…then continue to raise up and extend through the lower back, pressing lightly through the hands to straighten the arms"



"EXHALE, bend the elbows, lowering back down"



Permissions to Continue

- "Keep going and…"

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Concentration Points

- "Initiate the movement of raising the chest by using your upper back muscles, then lightly press through the hands, extending through the lower back and coming up higher"***
- "Extend through the upper and lower back evenly, starting the movement from the upper back first, then the mid back, then the lower back"***
- "Anchor your Pubic Bone into the floor and keep the abdominals tight as you extend into the lower back – the lower back should be supported by the abdominals and should not sag"***
- "Use the spinal muscles in the upper and lower back to extend the body"***
- "Keep the eyes looking toward the floor in front of you, chin tucked in, elongate the neck and lengthen through the crown of the head"***
- "Squeeze the buttocks but keep the legs relaxed on the mat, don't lift the legs up"
- "Shoulder blades down and back, chest open
- "No pain or hyperextension in the lower back or neck"

To Make it Easier

- "Don't lift the body up as high"

To Make it Harder

- "Extend the upper body more, as much as you can without sagging through the lower back"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Wrong hand placement, either too far apart or close together, too far forward or too far back
- Hyperextending the neck and poking the chin out
- Letting the abdominals go and sagging through the lower back
- Lifting the whole torso from the lower back, rather than extending the upper back first
- Pushing through the arms or lifting the arms – they should stay relaxed on the floor
- Hunching the shoulders and tensing the neck
- Making the movement too large

Encourage and Inspire

- "Excellent work!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, extend through the back, raising the upper body"
- "EXHALE, lower back down"

Ending the Exercise

- "…and rest"

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Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Swan Preparation

Muscles and Movements

Target Muscles

- Thoracic and lumbar Erector Spinae to extend the upper and lower back (thoracic and lumbar extension)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Stretches the Rectus Abdominus

Accessory Muscles

- Triceps to assist with pressing the body up (elbow extension)
- Deltoids to support the body weight

Stabilising Muscles

- T-Zone to support the lower back
- Internal and External Obliques to stop the lower back from arching
- Rotator Cuff to stabilise the shoulder joints
- Deep Neck Flexors to tuck the chin in (upper cervical flexion)
- Multifidus to stabilise the lower back

Joint Mobility

- Increases thoracic and lumbar spine extension range of movement

Injuries/Caution

Lower Back Pain

- The lower back should arch/extend in this exercise, but the abdominals need to support the lower back and make sure that it doesn't dip/sag or hyperextend
- Anyone with overactive lumbar spine extensors or a large Lordosis may find it difficult to not sag through their lower back/hyperextend it
- Cue to really tuck the Pubic Bone into the mat, lifting the abdominals up, ribs to hips
- Don't lift the body as high, and place your hands on your clients to facilitate where you want them to lift from (ie. lift more from the upper back and less from the lower back)
- If pain persists, perform Swan Preparation instead

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Neck Pain

- Make sure that the neck remains neutral, not hyperextended – chin tucked in, lengthen through the crown of the head, eyes looking at the mat in front of you
- You may need to place a pillow underneath the forehead to maintain a neutral neck position if the client has a large thoracic Kyphosis or a big chest for the beginning of the movement

Pubic Bone Pain

- Place a folded towel or small cushion under the Pubic Bone

Pregnancy

- Safe to perform at the beginning of the first trimester or as long as it feels comfortable
- Will not feel comfortable to lie in this position once the baby starts to show
- Avoid in the second and third trimesters

Programming Advice

- A great exercise to perform after Swan Preparation, or if taking a group class, you may wish to have some of the clients perform Swan Preparation while others extend up higher into Swan
- Works well for clients who have Flatback posture as it works into spinal extension
- Clients with a Lordosis can perform this exercise, but their focus will need to be on keeping the abdominals tight to support the lower back so that it doesn't hyperextend or sag through

Palpations/Physical Corrections

- Ab Activation #4: Prone Ab Activation
- Pelvic Positioning #5: Prone
- Scapula Setting #1: In Between the Shoulder Blades
- Thoracic Spine Positioning #2: Prone Extension
- Head Positioning #1: Prone Extension

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Swan Dive Preparation

Intensity=3 Difficulty=3

Cueing Formula

Exercise Tip: Please note that there is a specific way to end this exercise and it is incredibly important to cue clients how to rest back down and complete the movement. To finish the exercise, be sure to cue to rock backward and press the body up, then lower the chest down to the mat

Name of Exercise

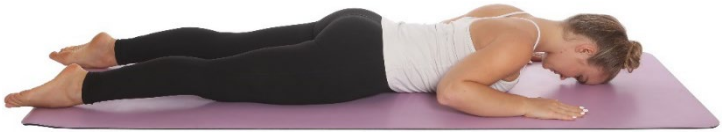
"Swan Dive Preparation"

What and/or Where it Works

"This works the back muscles, buttocks, back of the thighs and abdominals"

Set Up

"Lying on the stomach with the legs straight. Elbows bent, hands just in front of the shoulders on the mat with the palms facing down. Shoulders down and back. Neutral spine, gently tuck the Pubic Bone into the mat, lifting the abdominals away from the floor, reach through the toes. T-Zone."



Breathing and Movement

"INHALE, extend through the upper back, lifting the chest and head off the mat. Then continue to raise up and extend through the lower back, pressing lightly through the hands. Abdominals, buttocks and back muscles tight to hold this body shape"



"EXHALE, bend the elbows, lift the hands off the floor and rock your body forward, chest lowers, legs raise"



"INHALE, rock the body back and catch yourself, hands back to the mat"



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Permission to Continue

- "Keep going, rocking forward, catching yourself and pressing up to rock backward, and…"

Concentration Points

- "Extend through the upper and lower back evenly, abdominals tight to support the back"***
- "Keep the bow shape of the body as you rock forward and back – abdominals, buttocks and back muscles should be working hard to hold this position"***
- "T-Zone tight, squeeze the buttocks and reach through the toes"***
- "As you rock forward, raise the hands, then catch yourself and use your arms to help you press up and rock backward"***
- "Keep the eyes looking toward the floor in front of you, chin tucked in, elongate the neck and lengthen through the crown of the head"***
- "Shoulder blades down and back, chest open"
- "No pain or hyperextension in the lower back or neck"

To Make it Easier

- "Don't lift the body up as high"
- "Use your arms more to help you press up/rock backward"
- "Rest the legs down on the mat each time you rock back, re-set the T-Zone and go again"

To Make it Harder

- "Extend the upper body more, as much as you can without sagging through the lower back, straightening the elbows more"
- "Use your arms as little as possible to press up and rock back – try to use your abdominals and back muscles more and continue with momentum"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Losing the bow shape of the body as you rock
- Letting the abdominals go and sagging through the lower back, flaring the ribs out
- Hyperextending the neck and poking the chin out
- Lifting the whole torso from the lower back, rather than extending the upper back first
- Hunching the shoulders and tensing the neck
- Locking the elbows when in the Swan position
- Bending the knees, not reaching through the toes
- Losing momentum and getting stuck

Encourage and Inspire

- "Fantastic!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, lift the hands and rock forwards"
- "INHALE, hands on the mat, press up and rock back"

Ending the Exercise

- "…and INHALE, rock back and press up, EXHALE, lower the chest to the mat and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Freestyle Legs
- MATWORK PROGRESSIONS PREREQUISITES: Swan, Double Leg Kick

Muscles and Movements

Target Muscles

- Thoracic and Lumbar Erector Spinae to extend the upper and lower back (thoracic and lumbar extension)
- Internal and External Obliques to support the lower back into extension and prevent it from hyperextending
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Gluteus Maximus to raise the legs off the floor (hip extension)

Accessory Muscles

- Hamstrings to assist in raising the legs (hip extension)
- Quadriceps to straighten the knees (knee extension)
- Triceps and Deltoids to catch the body and help to press back up

Stabilising Muscles

- T-Zone to support the lower back
- Deep Neck Flexors to tuck the chin in (upper cervical flexion)
- Rotator Cuff to stabilise the shoulder joints
- Multifidus to stabilise the lower back

Joint Mobility

- Increases thoracic and lumbar spine extension range of movement

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Injuries/Caution

Lower Back Pain

- The lower back should arch/extend in this exercise, but the abdominals need to support the lower back and make sure that it doesn't dip/sag or hyperextend
- Make sure that the body maintains the bow shape when rocking
- Anyone with overactive lumbar spine extensors or a large Lordosis may find it difficult to not sag through their lower back/hyperextend it
- Cue to really tighten the abdominals to support the back, ribs to hips
- Don't lift the body as high
- If pain persists, perform Swan or Swan Preparation instead

Osteoporosis

- Avoid this exercise

Neck Pain or Shoulder Pain

- Make sure that the neck remains neutral, not hyperextended – chin tucked in, lengthen through the crown of the head, eyes looking at the mat in front of you
- Keep the shoulder blades down and back
- Think of lifting from the upper back rather than pushing with the arms

Vertigo or Dizziness

- Take care or avoid this exercise if it produces symptoms

Pubic Bone Pain

- You won't be able to place a folded towel or small cushion under the Pubic Bone in this exercise due to the rocking movement
- Using a comfortable padded mat can minimise discomfort
- If pain persists, avoid this exercise

Pregnancy

- Avoid this exercise during pregnancy as it involves rolling over the stomach and placing direct pressure on it

Programming Advice

- A great exercise to perform after Swan, or if you are taking a group class you may wish to have some of the clients perform Swan while progress into Swan Dive Preparation
- Works well for clients who have Flatback posture as it works into spinal extension
- Clients with a Lordosis will find it difficult to perform this exercise - their focus will need to be on keeping the abdominals tight to support the lower back so that it doesn't hyperextend or sag through
- Is a fun exercise that a lot of clients will enjoy, but it can feel quite uncomfortable if clients are not maintaining their bow shape when rocking, or if they flare their ribs out and lose their abdominal connection

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- Be careful when programming too may prone lying exercises in a row as the Pubic Bone may become uncomfortable

Palpations/Physical Corrections

It can be challenging to palpate clients in this exercise as the movement blocks access to the client's body. Ask the client to stop the movement to perform the palpations below, then encourage them to continue with the exercise.

- Ab Activation #4: Prone Ab Activation
- Pelvic Positioning #5: Prone
- Gluteal Activation #3: Gluteus Maximus***
- Scapula Setting #1: In Between the Shoulder Blades
- Thoracic Spine Positioning #2: Prone Extension
- Head Positioning #1: Prone Extension
- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes

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PLANK SERIES

Horsekick 4 (Arm and Leg Lift)

Intensity=2 Difficulty=3

Cueing Formula

Exercise Tip: This exercise differs to the other Horsekick exercises in that you alternate sides, rather than continuing on extending the leg on the same side.

Name of Exercise

"Horsekick with the Arm and Leg Lifting"

What and/or Where it Works

"The buttock muscles and stability"

Set Up

"Kneeling on all fours, hands under the shoulders and knees under the hips. Neutral spine, shoulders down and back, upper back up against the shoulder blades. Chin tucked in, lengthen through the crown of the head."



Breathing and Movement

"INHALE, T-Zone, and squeeze the buttocks"

"EXHALE, extend one leg out straight behind you and the opposite arm out in front"



"INHALE, return the knee and hand to the mat"

"Alternate sides"



Permission to Continue

- "Keep going and…"

Concentration Points

- "Squeeze the buttock to extend the leg, don't just go through the motion"***
- "Take the leg straight out and up, aim to lift it up to hip height with the knee straight"***
- "Take the arm out in front, aim to raise it to shoulder height, but keep the shoulder blade down and back"***
- "Maintain a neutral spine, no dipping through the stomach and lower back especially as the leg lifts – only lift the leg as high as possible without arching the lower back"***
- "Reach through the toes as much as possible to work the buttocks"***

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- "Keep the stabilising hip directly over the knee, don't let it move forward or sideways"***
- "Most of the weight should be on the stabilising knee, not the hands"***
- "Keep the elbows unlocked, chin tucked in, eyes on the floor, elongating the neck"***
- "Make sure that your upper back doesn't sag through – imagine a piece of string pulling the upper back up toward the ceiling to touch the shoulder blades"***
- "Keep the pelvis facing square to the floor, don't rotate the hips"***
- "Use the breath out to really activate the abdominals to stop the back arching as the leg lifts"

To Make it Easier

- "Don't extend the arm or leg quite so high"

To Make it Harder

- "Extend the arm and leg up higher – as high as you can without arching the back or hunching the shoulders – and really reach through the fingers and toes"
- "Keep the weight back off the hands and mostly on the stabilising knee"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not coming back to the correct four point kneeling position (arms and legs, too far under the body, too far away, too wide or too narrow)
- Losing the T-Zone and Obliques, dipping through the lower back
- Moving through the hips and body – letting the hips move to the side or rotating the pelvis
- Kicking the leg too high and arching the lower back
- Hunching the shoulder as the arm raises
- Locking the stabilising elbow
- Squeezing the shoulder blades back too much and the chest lowers toward the floor
- Sagging the upper back through the shoulder blades (losing Serratus Anterior activation)
- Weight too far forward - taking too much weight through the arms rather than through the supporting knee
- Not fully straightening the knee before lifting the leg up – a bent knee means that the Hamstrings rather than the Gluteus Maximus are working
- Not reaching through pointed toes (this assists in keeping the knee straight)
- Dropping the head down or looking forward

Encourage and Inspire

- "Fantastic effort everyone, just a few more to go!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, extend the arm and opposite leg out"
- "INHALE, return them back in"

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Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Horsekick 1 (Bend and Extend), Lower Trapezius Activation 1 (Arms Overhead)

Muscles and Movements

Target Muscles

- Gluteus Maximus to extend the leg and raise it up (hip extension)
- Gluteus Medius, Gluteus Minimus and Deep Hip Rotators to stabilise the supporting leg
- Deltoids to raise the arm out in front (shoulder flexion)

Accessory Muscles

- Hamstrings to extend the leg and raise it up (hip extension)

Stabilising Muscles

- Internal and External Obliques to prevent the lower back form arching
- T-Zone to stabilise the spine and prevent the pelvis from rocking or twisting
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Serratus Anterior to stop the Scapulae from winging/the upper body sagging through the shoulder blades (Scapula protraction and lateral rotation)
- Rotator Cuff to stabilise the shoulder joints
- Deep Neck Flexors to keep the chin tucked in and the neck long

Injuries/Caution

Lower Back Pain

- If the abdominals and buttocks are not activating properly the lower back will arch, the hips and pelvis will shift to one side or the pelvis will rotate, causing strain on the lower back
- Check technique to ensure that there is no dipping through the back or rotation through the pelvis and, discontinue if discomfort continues
- Don't extend the arm or leg as high
- If a client is not stable enough, perform Horsekick 1 (Bend and Extend) instead

Hip Pain, SIJ Pain or Pubic Bone Pain

- Ensure that the T-Zone and abdominals are switched on
- Make sure that this is a comfortable position for the client to be in

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- Make sure that the Deep Hip Rotators are activating, touching these muscles can help
- Ensure that the client is stabilising through the opposite hip, don't let it pop out to the side
- Avoid this exercise if pain persists

Knee Pain

- If a client experiences pain in kneeling, try folding over the mat or placing some padding under the knee to take the pressure off
- If a client is not able to kneel due to knee pain, have them perform the movement standing, leaning the body slightly forward, kicking the leg back and raising the opposite arm up in front (but only as far as you can without the back arching)

Neck Pain or Shoulder Pain

- Don't raise the arm as high
- Keep the shoulder blades down and back
- Make sure that the weight is back over the knee, not forward on the arms, keep shoulder blades down and back, neck long and chin tucked in, eyes looking toward the floor
- Cue to use the Serratus Anterior muscles so that the upper back doesn't sag through the shoulder blades
- Check that the elbows are not locked, keep them soft
- If pain persists, omit the arm movement and perform Horsekick 1 (Bend and Extend)

Wrist Pain

- If this exercise is hurting the wrists then usually it means that the client is taking too much weight through their arms rather than their stabilising knee
- Cue for them to think of their weight moving backward or their buttocks moving backward as though they were trying to sit on their heels
- Check that are elbows are not locked, keep them soft
- Make sure that the wrists are not in too much extension – you can do this by focussing on pressing through the fingers and knuckles of the hands rather than the heels of the hands, or try rolling the mat up and placing it under the heels of the hands
- Also try to weight bear on the fists or fingertips rather than the palms of the hands

Pregnancy

- Safe to perform throughout as long as the client is comfortable and stable
- Avoid for anyone with Sacroiliac Joint pain or Pubic Bone pain

Programming Advice

- This exercise challenges stability a lot more than the other Horsekick exercises as raising the arm as well as the leg increases instability in the body (less points of contact, longer levers)
- Alternating sides will decrease the intensity of the workout felt, especially in the buttocks
- To increase the intensity, perform all the repetitions on one side before changing sides
- Alternating sides is more challenging on stability as it takes longer to re-set the abdominals and stabilising buttocks each time
- Performing all of the repetitions on one side can be more taxing on endurance of the stabilising muscles if performed for a long duration

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- This exercise can be used for many levels, increasing or decreasing the amount of rest between repetitions and whether or not you alternate sides
- This exercise works better after performing other buttock exercises first eg. Side Lying Series or Horsekick exercises as you will have already activated the stabilising muscles
- If you are performing this exercise after Horsekick 1 (Bend and Extend), and your focus for the series is stability rather than an intense buttock workout, then you may wish to also alternate sides when performing Horsekick 1 rather than performing it all on one side then swapping

Palpations/Physical Corrections

- Ab Activation #2: Oblique Lines
- Scapula Setting #4: Four Point Kneeling
- Thoracic Spine Positioning #1: Four Point Kneeling
- Pelvic Positioning #4: Four Point Kneeling
- Pelvic Positioning #8: Preventing the Pelvis from Rocking
- Gluteal Activation #1: Gluteus Medius
- Gluteal Activation #2: Deep Hip Rotator
- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes

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Rolldown into Plank

Intensity=3 Difficulty=3

Cueing Formula

Exercise Tip: It is important to cue Ending the Exercise in full detail and describe rolling the vertebrae back up one at a time

Name of Exercise

"Rolldown into Plank"

What and/or Where it Works

"Stretches the back of the legs and the spine, works the abdominals and the shoulders"



Set Up

"Imagine you are standing against a wall. Standing up tall, feet hip width apart, arches of the feet lifted. Arms relaxed by the side, shoulder blades down and back. Neutral spine."

Breathing and Movement

"INHALE, T-Zone"

"EXHALE, roll the body down peeling each vertebra off the imaginary wall one at a time, starting with the neck, then the upper back, then the mid back…"



"… then the lower back keeping the legs straight, reaching the fingertips toward the floor"

"INHALE, hold, T-Zone"



"EXHALE, walk the hands out along the floor and lower the body down into the plank position…"



Hold in the plank position for as long as you like, then…

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"EXHALE, walk the hands in toward the feet…"



"… and raise the hips up…"

"INHALE, hold, T-Zone"



"EXHALE, tuck the bottom under and roll the spine back up one vertebra at a time, starting from the lower back…"



"…then the mid back, then the upper back, all the way up to standing. Shoulders relaxed down and back."



Permission to Continue

- "Keep going, and…"

Concentration Points

- "As you roll the spine, make sure that you are rolling up and down one vertebra at a time"***
- "When walking the hands in and out of the plank position, keep the hands under the shoulders and keep the abdominals tight so that the back is supported and doesn't arch"***
- When in the plank position, make sure that the spine is neutral – the bottom shouldn't be poking up in the air and the back shouldn't be dipping or aching"***
- "When in the plank position, think of lifting the spine up away from the floor, make that your upper back doesn't sag down - imagine a piece of string pulling the upper back up toward the ceiling to the shoulder blades"***
- "Keep the shoulder blades down and back, chin tucked in"***
- "Keep the elbows unlocked"***

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- "When bending over and touching the floor, press the buttocks up toward the ceiling and reach the fingers toward the floor to feel the stretch through the back of the legs"***

To Make it Easier

- "Don't hold out in the plank position for as long – walk the hands straight in and roll back up"

To Make it Harder

- "Try to bend down as far as possible, lowering your chest to your thighs, reach for your toes"
- "Hold out in the plank position for longer before walking the hands in and rolling back up"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Incorrectly rolling up or down – not rolling one vertebra at a time – hinging with a flat back rather than rolling
- Not lowering the pelvis all the way down into the plank position – keeping the hips up too high
- Sagging through the lower back like a hammock (letting the abdominals relax)
- Collapsing through the shoulders and letting the thoracic spine sink away from the shoulder blades (poor Serratus Anterior activation)
- Locking the elbows and winging the shoulder blades (poor Serratus Anterior activation)
- Shoulder blades hunching up toward the ears/overusing the Upper Trapezius muscles
- Chin sticking out/hyperextending the neck (not engaging the Deep Neck Flexors)
- Not keeping the hands under the shoulders when walking them in and out or when in the plank position
- When performing this exercise starting and finishing standing against a wall, incorrectly placing the feet too close to the wall (not giving the body enough space to roll, then falling)

Encourage and Inspire

- "Fantastic effort everyone!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, roll the spine down and touch the floor"
- "INHALE, hold"
- "EXHALE, walk out on the plank"
- "INHALE, walk the hands back in"
- "EXHALE, roll the spine back up to standing"

Ending the Exercise

- "EXHALE, roll the spine back up until you're standing, then rest"

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Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Rolldown Stretch, Plank 2 (On the Feet)

Muscles and Movements

Target Muscles

- Internal and External Obliques to hold the plank position, keep the body lifted and prevent the lower back from arching or dipping, and to roll the spine down and help control the rolling back up (thoracic and lumbar spine flexion)
- Stretches the Hamstrings and Calf muscles (Gastrocnemius)
- Stretches the Quadratus Lumborum and Erector Spinae muscles

Accessory Muscles

- Pectoralis Major, Pectoralis Minor, Latissimus Dorsi and Deltoids to hold the plank position and walk the hands in and out
- Triceps to support the body weight (when the elbows are unlocked)
- Rectus Abdominus to prevent the lower back from arching; and assist with rolling the spine down and help control the rolling back up (thoracic and lumbar spine flexion)
- Erector Spinae muscles to help roll the spine back up (thoracic and lumbar spine extension)

Stabilising Muscles

- Deep Neck Flexors to stabilise the neck and tuck the chin in (upper cervical spine flexion)
- Rotator Cuff to stabilise the shoulder joints
- Transversus Abdominus to stabilise the lower back
- Multifidus to stabilise the lower back

Joint Mobility

- Increases cervical, thoracic and lumbar flexion range of movement
- This exercise provides a large neural mobilisation
- Increases hip flexion range of movement

Injuries/Caution

Lower Back Pain

- Caution with any type of lower back or Sacroiliac Joint pain – make sure that the client is not feeling any pain in their spine, they should just feel the muscles stretching
- Keep the abdominals tight to support the spine and be sure to roll one vertebra at a time
- When in the plank position, check that the lumbar spine position is in neutral, the lower back is not arching and the hips are not too low
- Make sure that the T-Zone is tight and the abdominals are not bulging out
- Check the rib to hip/Oblique activation
- Don’t roll down into the stretch as far or hold out in the plank position as long

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- If neck pain persists, omit the rolldown component and perform either Plank 1 (On the Knees) or Plank 2 (On the Feet)

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid this exercise as it involves cervical, thoracic and lumbar flexion

Sciatica

- Avoid for clients who have Sciatica

Osteoporosis

- Avoid this exercise

Wrist Pain

- This exercise places a lot of weight through one wrist at a time as you walk the hands
- Focus on placing more weight through the fingers rather than the heel of the hands
- Focus on lifting the body weight up off the hands by using the abdominals
- Keep the elbows unlocked otherwise a lot of extra weight gets placed on the wrists
- If pain persists, perform Plank 1 (On the Knees) or Plank 2 (On the Feet) resting on the elbows or Rolldown Stretch instead

Shoulder Pain

- Keep the shoulders directly under the hands when walking the hands in and out and when in the plank position
- Focus on the shoulder blades drawing down and back, and the ribcage drawing up into the shoulder blades so they are not winging
- Keep the elbows unlocked to help the Serratus Anterior to activate (and prevent winging)
- If shoulder pain persists, perform Plank 1 (On the Knees) or Rolldown Stretch instead

Neck Pain

- Avoid for disc injuries in the neck as the neck flexes in this exercise
- Keep the chin tucked in shoulder blades down and back
- Focus on the shoulder blades drawing down and back and the ribcage drawing up into the shoulder blades so they are not winging
- Keep the elbows unlocked to help the Serratus Anterior activation
- If neck pain persists, omit the rolldown component and perform either Plank 1 (On the Knees) or Plank 2 (On the Feet)

Vertigo or Dizziness

- If a client experiences dizziness with this exercise, this could be due to low blood pressure, vertigo or neck problems
- Focus on rolling up and down slowly, keep breathing and don't hold the rolled down position for too long
- If dizziness continues, omit the rolldown component and perform either Plank 1 (On the Knees) or Plank 2 (On the Feet)

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- Avoid the exercise if symptoms persist

Osteoporosis

- Avoid for clients who have severe Osteoporosis

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Avoid for clients who are experiencing any dizziness (as blood pressure changes in the pregnancy can lead to postural hypotension and dizziness)
- For clients who feel uncomfortable or whose baby shows early, you may need to avoid this exercise later in the first trimester
- Avoid this exercise in the second and third trimesters

Programming Advice

- You may choose to hold the plank position for several breaths before walking back in and rolling back up, or you may simply walk out into the plank position, then walk the hands straight back in
- If you choose to not hold the plank position for long during each repetition, you may wish to hold out in the plank position and stay there on the last repetition
- This can be a good exercise to finish a class as clients on as the clients end in a standing position – you can even perform a Rolldown Stretch and a Neck Stretch afterwards to finish
- Can be performed up against an actual wall so that the clients are able to feel each of the vertebra rolling up or down

Palpations/Physical Corrections

- Ab Activation #3: Ribs to Hips (Obliques)
- Ab Activation #4: Prone Ab Activation
- Thoracic Spine Positioning #1: Four Point Kneeling
- Feet Positioning #2: Lifting Up the Arches of the Feet
- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #4: Four Point Kneeling
- Head Positioning #2: Plank
- Pelvic Positioning #3: Plank
- Pelvic Positioning #6: Posterior Pelvic Tilt

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Controls Front 1 (Pikes)

Intensity=2 Difficulty=3

Cueing Formula

Exercise Tip: As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the exercise Set Up rather than in the Breathing and Movement.

Name of Exercise

"Controls Front, Pikes"

What and/or Where it Works

"The shoulders, chest and abdominal muscles and stretches the back of the legs"

Set Up

"Kneeling on all fours on the mat, come up onto the hands and feet in the plank position. Shoulder blades down and back, upper back up against the shoulder blades. Chin tucked in, neck long and eyes on the floor. Body in one long line, tuck the Pubic Bone toward the belly button, neutral spine, T-Zone tight."



Breathing and Movement

"INHALE, pike the body, taking the bottom up toward the ceiling, lowering the chest"



"EXHALE, lower the body into the plank position"



Permission to Continue

- "Keep going and…"

Concentration Points

- "When in the plank position, keep a neutral spine with the body in one long line, make sure that the bottom isn't sticking up in the air and the back is not arching – try to look like a 'plank,' not a 'camel' or a 'hammock'"***
- "Really use the abdominals, keeping the T-Zone tight, drawing the ribs toward the hips"***
- "To pike, hinge from the hips, drawing the bottom up toward the ceiling, lowering the head down, and gently pressing through the heels to maintain a neutral spine"***

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- "Eyes look back at the legs when you pike, and toward the floor when you plank"***
- "Keep the shoulder blades down and back, chin tucked in"***
- "When in the plank position, make sure that your upper back doesn't sag through and that your ribcage is up against the shoulder blades – imagine a piece of string pulling the upper back up toward the ceiling to touch the shoulder blades"***
- "Think of lifting the spine up away from the mat, taking the body weight up off the hands"***
- "To increase the stretch in the back of the legs, try to keep the knees straight and press the heels down when you pike"

To Make it Easier

- None

To Make it Harder

- "Hold out in the plank position for longer"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- When in the plank position, not having the shoulders directly over the hands
- Not lowering all the way down into the correct plank position
- Lowering the body too far into the plank - sagging through the lower back like a hammock, the hips are too low and the lower back arches (letting the abdominals relax)
- When piking up, rounding the back like a camel rather than hinging at the hips and keeping the spine neutral
- Squeezing the shoulder blades back too much and the chest lowering toward the floor
- Collapsing through the shoulders and letting the thoracic spine sink away from the shoulder blades (poor Serratus Anterior activation)
- Using the arms more than the abdominals to hold the plank or to pike up
- Shoulder blades hunching up or rounding forward
- Chin sticking out or hyperextending the neck
- Bending the knees

Encourage and Inspire

- "Great job!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, pike the bottom up"
- "EXHALE, lower into a plank"

Ending the Exercise

- "…and return the knees back to the mat and rest"

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Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Plank 2 (On the Feet), Rolldown Stretch

Muscles and Movements

Target Muscles

- Internal and External Obliques to hold the plank position and prevent the lower back from arching or dipping

Accessory Muscles

- Rectus Abdominus to prevent the lower back from arching
- Hip Flexors to pike the bottom up (hip flexion)
- Deltoids to flex the shoulders as the body pikes (shoulder flexion)
- Pectoralis Major and Pectoralis Minor to support the body weight
- Triceps to support the body weight (elbow extension)
- Quadriceps and Gluteus Maximus to extend the legs (knee and hip extension)

Stabilising Muscles

- T-Zone to draw the abdominals in and stabilise the lower back
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck Flexors the keep the chin tucked in (upper cervical flexion)
- Rotator Cuff to stabilise the shoulder joints

Injuries/Caution

Lower Back Pain

- Check that the lumbar spine position is in neutral and the lower back isn't arching or rounding
- If the hips are too low in the plank position, this can cause a lot of strain on the back
- Make sure that the T-Zone is tight and the abdominals are not bulging out
- Check the rib to hip and Oblique activation
- Cue to use the abdominals more
- Try with an imprinted spine position (Pubic Bone to belly button)
- Have more frequent rests as needed - if the client loses their abdominal activation, they may feel strain in the lower back
- Perform Plank 1 (On the Knees) or Plank 2 (On the Feet) instead

Sciatica

- Avoid this exercise as it involves a neural tension position

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Tight Hamstrings

- Clients won't be able to pike up as high
- Stretch the Hamstrings beforehand
- Clients may need to use an imprinted spine

Neck Pain or Shoulder Pain

- Check the neck position – maintain a neutral neck position, chin tucked in and the neck long
- Focus on the shoulder blades drawing down and back, and the ribcage drawing up into the shoulder blades so that they are not winging
- Make sure that the hands are directly underneath the shoulders when in the plank position
- If neck or shoulder pain persists, perform a different abdominal exercise

Vertigo or Dizziness

- Take care or avoid this exercise if it produces symptoms

Wrist Pain

- If this exercise is hurting the wrists then usually it means that the client is taking too much weight through their arms rather than their abdominals and legs
- Try with the hands a little wider and the hands turned out slightly
- Focus on lifting the body weight up off the hands by using the abdominals and pressing back through the heels
- Keep the elbows unlocked otherwise a lot of extra weight gets placed on the wrists
- Make sure that the wrists are not in too much extension – you can do this by focussing on pressing through the fingers and knuckles of the hands rather than the heels of the hands, or try rolling the mat up and placing it under the heels of the hands
- If pain persists, perform a Plank 1 (On the Knees) or Plank 2 (On the Feet) on the elbows instead

Pregnancy

- This exercise is safe to perform in the first trimester, as long as the client feels comfortable – if their baby starts to show early, they may need to avoid this exercise later in the first trimester
- Avoid this exercise in the second and third trimester
- Take care and ensure that clients know how to place their knees down to rest when needed otherwise they may collapse onto their stomach

Programming Advice

- This exercise works well when performed directly prior to the matwork exercise Plank 2 (On the Feet) – you can combine two exercises together and perform several repetitions of this exercise, then hold out in the plank position at the end
- It can help to perform any Hamstring stretch prior to this exercise to allow the hips enough range of motion to lift the bottom up into a pike position

Palpations/Physical Corrections

- Scapula Setting #1: In Between the Shoulder Blades

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- Scapula Setting #4: Four Point Kneeling
- Thoracic Spine Positioning #1: Four Point Kneeling
- Ab Activation #4: Prone Ab Activation
- Pelvic Positioning #3: Plank
- Pelvic Positioning #12: Pikes
- Head Positioning #2: Plank

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Controls Front 2 (Leg Lift)

Intensity=3 Difficulty=3

Cueing Formula

Exercise Tip: Note that this exercise can be performed with two different foot positions, either keeping the foot flexed as the leg lifts or pointing the toes. Certain clients may be able to perform the exercise with better technique by using one-foot position over the other.

Name of Exercise

"Controls Front, Leg Lift"

What and/or Where it Works

"This works the abdominals and shoulders"

Set Up

"Kneeling on all fours on the mat, come up onto the hands and feet in the plank position., hands slightly wider than shoulder width apart, legs hip distance apart. Shoulder blades down and back, upper back up against the shoulder blades. Chin tucked in, neck long and eyes on the floor. Body in one long line, tuck the Pubic Bone toward the belly button, neutral spine."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, lift one leg, flexing the foot"



"INHALE, lower the leg to the mat"

"Alternate sides"



Permission to Continue

- "Keep going and…"

Concentration Points

- "Squeeze the buttocks to lift the leg, don't arch the back"***
- "Try to keep the body completely still as the legs lift and lower"***
- "Really use the abdominals, keeping the T-Zone tight and drawing the ribs toward the hips to prevent any dipping through the back"***
- "Keep a neutral spine with the body in one long line, make sure that the bottom isn't sticking up in the air and the back is not arching – try to look like a 'plank,' not a 'camel' or a 'hammock'"***

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- "Keep the shoulders directly over the hands"***
- "Keep the shoulder blades down and back, chin tucked in"***
- "Think of lifting the spine up away from the mat, taking the body weight up off the hands"***
- "Make sure that your upper back doesn't sag through and that your ribcage is up against the shoulder blades – imagine a piece of string pulling the upper back up toward the ceiling to touch the shoulder blades"***
- "Flex the foot and press through the heel as you lift the leg, keeping the knees straight"***
- "Keep the neck in line with the body, lengthen through the crown of the head, chin tucked in"

To Make it Easier

- "Don't lift the legs as high"
- "Hold the plank position without lifting the legs"

To Make it Harder

- "Lift the legs higher"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Sagging through the lower back like a hammock, the hips are too low and the lower back arches (letting the abdominals relax)
- Allowing the body to rotate, one hip to drop or the lower back to arch as the legs lift
- Holding the plank position with the hips too high, rounding the back like a camel
- Squeezing the shoulder blades back too much and the chest lowering toward the floor
- Collapsing through the shoulders and letting the thoracic spine sink away from the shoulder blades (poor Serratus Anterior activation)
- Not keeping the shoulders directly over the hands
- Using the arms more than the abdominals to hold the plank
- Bending the knees in the plank
- Not keeping the knees straight as the legs lift
- Shoulder blades hunching up toward the ears/overusing the Upper Trapezius muscles
- Chin sticking out or hyperextending the neck (not engaging the Deep Neck Flexors)
- Locking the elbows

Encourage and Inspire

- "Looking strong!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, lift one leg"
- "INHALE, lower it"

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Ending the Exercise

- "…and return the knees back to the mat and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Plank 2 (On the Feet), Horsekick 2 (Pulses)

Muscles and Movements

Target Muscles

- Internal and External Obliques to hold the plank position and prevent the lower back from arching or dipping
- Gluteus Maximus to lift the legs (hip extension)

Accessory Muscles

- Rectus Abdominus to prevent the lower back from arching
- Hamstrings to assist with raising the leg (hip extension)
- Pectoralis Major and Pectoralis Minor to support the body weight
- Triceps to support the body weight (elbow extension)
- Quadriceps keep the knees straight (knee extension)

Stabilising Muscles

- T-Zone to draw the abdominals in and stabilise the lower back
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck Flexors the keep the chin tucked in (upper cervical flexion)
- Rotator Cuff to stabilise the shoulder joints

Injuries/Caution

Lower Back Pain

- Check that the lumbar spine position is in neutral and the lower back isn't arching
- If the hips are too low this can cause a lot of strain on the back
- Make sure that the T-Zone is tight and the abdominals are not bulging out
- Check the rib to hip and Oblique activation
- Cue to tighten the abdominals more as the leg lifts
- Try with an imprinted spine position (Pubic Bone to belly button)
- Have more frequent rests as needed - if the client loses their abdominal activation, they may feel strain in the lower back

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- Omit the legs lifting and just hold the plank position, or perform Horsekick 1 (Bend and Extend) and alternate lifting the legs

Neck Pain or Shoulder Pain

- Check the neck position – maintain a neutral neck position, chin tucked in and the neck long
- Focus on the shoulder blades drawing down and back, and the ribcage drawing up into the shoulder blades so that they are not winging
- Make sure that the elbows or hands are directly underneath the shoulders and not too far out to the sides or too close together
- If neck or shoulder pain persists, perform a different abdominal exercise

Wrist Pain

- Try with the hands a little wider and the hands turned out slightly
- Focus on lifting the body weight up off the hands by using the abdominals
- Keep the elbows unlocked otherwise a lot of extra weight gets placed on the wrists
- Make sure that the wrists are not in too much extension – you can do this by focussing on pressing through the fingers and knuckles of the hands rather than the heels of the hands, or try rolling the mat up and placing it under the heels of the hands
- If pain persists, perform the exercise on the elbows



Modification on the Elbows

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- For clients who feel uncomfortable or whose baby shows early, you may need to avoid this exercise later in the first trimester
- Avoid this exercise in the second and third trimesters
- Take care and ensure that clients know how to place their knees down to rest when needed otherwise they may collapse onto their stomach

Programming Advice

- This exercise requires a lot of abdominal strength and control, it is best performed after other abdominal exercises that are performed in a plank position to warm the abdominals up
- Works well when performed after Plank 2 (On the Feet) or Controls Front 1 (Pikes)
- For Lordotic clients, or clients with tight Hip Flexors, it may be difficult to raise the legs much before the lower back starts to arch
- It can help to perform any Hip Flexor stretch prior to this exercise to allow the hips enough range of motion to lift the legs
- In a group class, you can have your stronger clients perform this exercise, whilst the other clients perform a Plank 1 (On the Knees) or Plank 2 (On the Feet) or Horsekick 1 (Bend and Extend) alternating legs

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- Traditionally this exercise is performed with the feet flexed as the leg lifts as this means the foot position doesn't change as it lifts on and off the floor, however some clients may find that they achieve better buttock, Hamstring and abdominal activation with the toes pointed – if pointing the toes, be sure to cue to flex the foot again as you place it down to avoid confusion

Palpations/Physical Corrections

- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #4: Four Point Kneeling
- Thoracic Spine Positioning #1: Four Point Kneeling
- Ab Activation #4: Prone Ab Activation
- Pelvic Positioning #3: Plank
- Head Positioning #2: Plank
- Gluteal Activation #3 Gluteus Maximus***

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Mountain Climbers 1 (Parallel)

Intensity=3 Difficulty=3

Cueing Formula

Name of Exercise

"Mountain Climbers"

What and/or Where it Works

"This works the shoulders, chest and abdominals"

Set Up

"Kneeling on all fours on the mat, come up onto the hands and feet in the plank position, hands slightly wider than shoulder width apart, legs hip distance apart. Shoulder blades down and back, upper back up against the shoulder blades. Chin tucked in, neck long and eyes on the floor. Body in one long line, tuck the Pubic Bone toward the belly button, neutral spine."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, bring one knee under the chest,"



"INHALE, straighten the leg back out into the plank position"

"Alternate legs"



Permission to Continue

- "Keep going, alternating legs and…"

Concentration Points

- "Only draw your knee in as far as possible without tucking your bottom under or rounding your spine, keep the spine neutral"***
- "When returning to the plank position, draw the ribs toward the hips to prevent any dipping through the back"***
- "T-Zone tight and keep the hips square to the floor"***
- "Think of lifting the spine up away from the floor, taking the body weight off the hands"***

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- "Keep the shoulder blades down and back, chin tucked in"***
- "Make sure that your upper back doesn't sag down and the ribcage is up against the shoulder blades - imagine a piece of string pulling the upper back up toward the ceiling to the shoulder blades"***
- "Keep the neck in line with the body, lengthen through the crown of the head"
- "Chin tucked in, eyes on the floor"
- "Keep the elbows unlocked"

To Make it Easier

- None

To Make it Harder

- "Perform the movements more quickly, breathing naturally"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Drawing the knee in too far and tucking the bottom under, rounding the lower back
- When coming back out into the plank position, not returning the leg in line with the hip
- As the leg straightens into the plank position – sagging through the lower back like a hammock, the hips are too low and the lower back arches (letting the abdominals relax)
- Resting in either the plank or the bent knee positions rather than keeping the movements flowing – often people let their abdominals go and just hang off their ligaments to have a rest
- Squeezing the shoulder blades back too much and the chest lowering toward the floor
- Collapsing through the shoulders and letting the thoracic spine sink away from the shoulder blades (poor Serratus Anterior activation)
- Locking the elbows and winging the shoulder blades (poor Serratus Anterior activation)
- Shoulder blades hunching up toward the ears/overusing the Upper Trapezius muscles
- Chin sticking out/hyperextending the neck (not engaging the Deep Neck Flexors) – not using the correct eyeline throughout the movement
- Hands too close to each other or too far apart
- Letting the hips rotate or shift to one side
- Not keeping legs hip distance apart

Encourage and Inspire

- "Fantastic effort!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, draw one knee in under the body"
- "INHALE, release into a plank"

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Ending the Exercise

- "… and lower the knees to the mat and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Plank 2 (On the Feet), Horsekick 1 (Bend and Extend)

Muscles and Movements

Target Muscles

- External and Internal Obliques and Rectus Abdominus to hold the plank position, keep the body lifted and prevent the lower back from arching or dipping

Accessory Muscles

- Hip Flexors to draw the knee in (hip flexion)
- Quadriceps to straighten the knees and press the leg back out (knee extension)
- Gluteal muscles and Hamstrings to extend the leg into the plank position (hip extension)
- Pectoralis Major, Pectoralis Minor and Deltoids to hold the plank position
- Triceps to support the body weight (when the elbows are unlocked)

Stabilising Muscles

- T-Zone to draw the abdominals in and stabilise the lower back
- Iliacus to stabilise the hip joint as the leg moves
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Lower Trapezius and Rhomboids to keep the shoulder blades down and back
- Deep Neck Flexors the keep the chin tucked in and the neck long (upper cervical flexion)
- Rotator Cuff to stabilise the shoulder joints

Injuries/Caution

Lower Back Pain

- Check that the lumbar spine position is neutral in the plank position and the lower back is not arching, it is most common to lose control when sliding back out to the plank position
- Don't draw the knee in too far otherwise the back will round
- Ensure that the T-Zone is tight and the pelvis is not rocking
- Check the rib to hip/Oblique activation, particularly as the legs extend out into the plank
- Ensure that the client is using their abdominals to draw their knees in rather than just flexing the hips and letting the abdominals go
- Have more frequent rests as needed – if the client loses their abdominal activation, they may feel strain in the lower back
- If pain persists, perform either Plank 1 (On the Knees) or Plank 2 (On the Feet) instead

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Lumbar Disc Injuries

- Avoid for clients with a lumbar Disc Bulge

Wrist Pain

- Try with the hands a little wider and the hands turned out slightly
- Focus on placing more weight through the fingers rather than the heel of the hands
- Focus on lifting the body weight up off the hands by using the abdominals
- Cue for Serratus Anterior activation
- Keep the elbows unlocked otherwise a lot of extra weight gets placed on the wrists
- If pain persists, perform Controls Front 2 (Leg Lift) or Plank 2 (On the Feet) resting on the elbows and forearms

Shoulder Pain

- Focus on the shoulder blades drawing down and back and the ribcage drawing up into the shoulder blades so that they are not winging
- Try with the hands a little wider apart on the mat
- Keep the elbows unlocked to help the Serratus Anterior to activate (and prevent winging)
- If pain persists, try Plank 1 (On the Feet) on the mat instead or discontinue the exercise

Neck Pain

- Check the neck position – maintain a neutral neck position with the chin tucked in and the neck long, eyes on the floor
- Focus on the shoulder blades drawing down and back and the ribcage drawing up into the shoulder blades so that they are not winging
- Keep the elbows unlocked to help the Serratus Anterior activation
- If pain persists, try Plank 1 (On the Feet) on the mat instead or discontinue the exercise

Hip Pain or Knee Pain

- Reduce the range of motion
- If pain persists, perform Controls Front 2 (Leg Lift) or Plank 2 (On the Feet) instead

Pregnancy

- This exercise is safe to perform in the first trimester, as long as the client feels comfortable – if their baby starts to show early, they may need to avoid this exercise in the later weeks of the first trimester
- Avoid this exercise after this as the plank position and arm movement place strain on the abdominals
- Take care and ensure that clients know how to place their knees down to rest when needed otherwise they may collapse onto their stomach

Programming Advice

- This is a great exercise that challenges the abdominals and pelvic stability
- Only prescribe this exercise to clients who have great technique and endurance in Plank 2 (On the Feet)

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- Works well when programmed after other plank exercises, such as Plank 2 (On the Feet) or any of the Controls Front exercises
- When you perform the movements more slowly, you feel the abdominals working more
- You will also feel the legs working, particularly if you speed the movements up
- When you speed the movements up, it is harder to stabilise the pelvis and spine, more difficult to coordinate and the legs work more
- You can get the heart rate up by performing the movements more quickly, this increases the cardiovascular work and intensity of the workout

Palpations/Physical Corrections

- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #4: Four Point Kneeling
- Thoracic Spine Positioning #1: Four Point Kneeling
- Ab Activation #4: Prone Ab Activation
- Pelvic Positioning #3: Plank
- Head Positioning #2: Plank

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Mountain Climbers 2 (Obliques)

Intensity=3 Difficulty=3

Cueing Formula

Name of Exercise

"Mountain Climbers, Obliques"

What and/or Where it Works

"This works the shoulders, chest and abdominals"

Set Up

"Coming up onto the hands and feet in the plank position, hands slightly wider than shoulder width apart, legs hip distance apart. Shoulder blades down and back, upper back up against the shoulder blades. Chin tucked in, neck long and eyes on the floor. Body in one long line, tuck the Pubic Bone toward the belly button, neutral spine."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, draw one knee forward diagonally toward the opposite hand"



"INHALE, straighten the leg back out into the plank position"

"Alternate legs"



Permission to Continue

- "Keep going, alternating legs and…"

Concentration Points

- "Draw the knee toward the opposite hand, and only draw it in underneath the chest as far as possible without tucking your bottom under or rounding your spine"***
- "Try to keep the pelvis as square to the floor as possible"***
- "When returning the foot to the plank position, make sure that the foot is in line with the hip"***

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- "Draw the ribs toward the hips to prevent any dipping through the back"***
- "T-Zone tight and keep the hips square to the floor"***
- "Think of lifting the spine up away from the floor, taking the body weight off the hands"***
- "Keep the shoulder blades down and back, chin tucked in"***
- "Make sure that your upper back doesn't sag down and the ribcage is up against the shoulder blades - imagine a piece of string pulling the upper back up toward the ceiling to the shoulder blades"***
- "Keep the neck in line with the body, lengthen through the crown of the head"
- "Chin tucked in, eyes on the floor"
- "Keep the elbows unlocked"

To Make it Easier

- None

To Make it Harder

- "Perform the movements more quickly, breathing naturally"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Drawing the knee in too far and tucking the bottom under, rounding the lower back
- Drawing the knee across too far and rotating the pelvis (a slight rotation is okay; however, clients should try to keep their pelvis as square to the floor as possible to avoid placing strain on the spine)
- When coming back out into the plank position, not returning the leg in line with the hip
- As the legs straighten into the plank position – sagging through the lower back like a hammock, the hips are too low and the lower back arches (letting the abdominals relax)
- Resting in either the plank or knee under the chest position rather than keeping the movements flowing – often people let their abdominals go and just hang off their ligaments to have a rest
- Squeezing the shoulder blades back too much and the chest lowering toward the floor
- Collapsing through the shoulders and letting the thoracic spine sink away from the shoulder blades (poor Serratus Anterior activation)
- Locking the elbows and winging the shoulder blades (poor Serratus Anterior activation)
- Shoulder blades hunching up toward the ears/overusing the Upper Trapezius muscles
- Chin sticking out/hyperextending the neck (not engaging the Deep Neck Flexors) – not using the correct eyeline throughout the movement
- Hands too close to each other or too far apart
- Letting the hips rotate or shift to one side

Encourage and Inspire

- "Fantastic effort!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, draw one knee forward diagonally toward the opposite hand"
- "INHALE, release into a plank"

Ending the Exercise

- "…and lower the knees to the mat and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Mountain Climbers 1 (Parallel)

Muscles and Movements

Target Muscles

- External and Internal Obliques and Rectus Abdominus to hold the plank position, keep the body lifted and prevent the lower back from arching or dipping

Accessory Muscles

- Hip Flexors and Adductors to draw the knee in and across the body (hip flexion and adduction)
- Quadriceps to stop the knee bending in too far and straighten the knees and press the leg back out (eccentric and concentric knee extension)
- Gluteal muscles and Hamstrings to extend the leg into the plank position (hip extension)
- Pectoralis Major, Pectoralis Minor and Deltoids to hold the plank position
- Triceps to support the body weight (when the elbows are unlocked)

Stabilising Muscles

- T-Zone to draw the abdominals in and stabilise the lower back
- Iliacus to stabilise the hip joint as the leg moves
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Lower Trapezius and Rhomboids to keep the shoulder blades down and back
- Deep Neck Flexors the keep the chin tucked in and the neck long (upper cervical flexion)
- Rotator Cuff to stabilise the shoulder joints

Injuries/Caution

Lower Back Pain

- Check that the lumbar spine position is neutral in the plank position and the lower back is not arching, it is most common to lose control when sliding back out to the plank position

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- Don't draw the knee in/across too far otherwise the back will round or rotate – spine neutral
- Ensure that the T-Zone is tight and the pelvis is not rocking
- Check the rib to hip/Oblique activation, particularly as the legs extend out into the plank
- Ensure that the client is using their abdominals to draw their knees in rather than just flexing the hips and letting the abdominals go
- Have more frequent rests as needed – if the client loses their abdominal activation, they may feel strain in the lower back
- If pain persists, perform either Plank 1 (On the Knees) or Plank 2 (On the Feet) instead

Lumbar Disc Injuries

- Avoid for clients with a lumbar Disc Bulge

Wrist Pain

- Try with the hands a little wider and the hands turned out slightly
- Focus on placing more weight through the fingers rather than the heel of the hands
- Focus on lifting the body weight up off the hands by using the abdominals
- Cue for Serratus Anterior activation
- Keep the elbows unlocked otherwise a lot of extra weight gets placed on the wrists
- If pain persists, perform Controls Front 2 (Leg Lift) or Plank 2 (On the Feet) resting on the elbows and forearms

Shoulder Pain

- Focus on the shoulder blades drawing down and back and the ribcage drawing up into the shoulder blades so that they are not winging
- Try with the hands a little wider apart on the mat
- Keep the elbows unlocked to help the Serratus Anterior to activate (and prevent winging)
- If pain persists, try Plank 1 (On the Feet) on the mat instead or discontinue the exercise

Neck Pain

- Check the neck position – maintain a neutral neck position with the chin tucked in and the neck long, eyes on the floor
- Focus on the shoulder blades drawing down and back and the ribcage drawing up into the shoulder blades so that they are not winging
- Keep the elbows unlocked to help the Serratus Anterior activation
- If pain persists, try Plank 1 (On the Feet) on the mat instead or discontinue the exercise

Hip Pain or Knee Pain

- Reduce the range of motion
- If pain persists, perform Controls Front 2 (Leg Lift) or Plank 2 (On the Feet) instead

Pregnancy

- This exercise is safe to perform in the first trimester, as long as the client feels comfortable – if their baby starts to show early, they may need to avoid this exercise in the later weeks of the first trimester

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- Avoid this exercise after this as the plank position and arm movement place strain on the abdominals
- Take care and ensure that clients know how to place their knees down to rest when needed otherwise they may collapse onto their stomach

Programming Advice

- This is a great exercise that challenges the abdominals, particularly the Obliques
- Works well when programmed after Mountain Climbers 1 (Parallel)
- When you speed the movements up, it is harder to stabilise the pelvis and spine, more difficult to coordinate and the legs work more
- You can get the heart rate up by performing the movements more quickly, this increases the cardiovascular work and intensity of the workout
- When you perform the movements more slowly, you feel the abdominals working more
- A very intense exercise, and you don't need to do many repetitions to feel it working

Palpations/Physical Corrections

- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #4: Four Point Kneeling
- Thoracic Spine Positioning #1: Four Point Kneeling
- Ab Activation #4: Prone Ab Activation
- Pelvic Positioning #3: Plank
- Head Positioning #2: Plank

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Star 1 (On the Knees)

Intensity=2 Difficulty=2.5

Cueing Formula

Exercise Tip: As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the exercise Set Up rather than in the Breathing and Movement.

Name of Exercise

"Star, on the Knees"

What and/or Where it Works

"This works the abdominals, in particular the side of the waist, the shoulder and shoulder blade stability"

Set Up

"Sitting on the mat facing sideways with the legs bent over to the left side, knees stacked one on top of the other. Right hand on the mat, out to the side of the body in line with the knees. Left hand resting on the leg. Shoulders and hips square to the front, neutral spine, T-Zone."



Breathing and Movement



"INHALE, press through the knee and raise the hips up into a side plank position, body in one straight line, arm toward the ceiling"



"EXHALE, reach the top arm overhead, raising the hips up further and making a 'C' shape with the spine"



"INHALE, return the arm to the ceiling and lower into the side plank position"

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"EXHALE, lower the pelvis to the floor and the hand on the leg"

Permission to Continue

- "Keep going and…"

Concentration Points

- "Keep the body in one long line as you raise up into the star position"***
- "Use the abdominals and the underneath side of the waist to lift the hips and waist up as high as possible as you reach the arm overhead"***
- "Keep the T-Zone tight and the shoulders and hips facing square to the front"***
- "Keep the shoulders down and back and keep the body weight lifting up and away from the hand"***
- "Keep the supporting arm straight, with the elbow unlocked and the hand directly under the shoulder"***
- "Keep drawing the ribs toward the hips so that the lower back doesn't arch"
- "Chin tucked in, eyes looking forward"

To Make it Easier

- "Don't lift the waist up as high or reach overhead as far"

To Make it Harder

- "Really lift up and bend through the side of the waist, taking the arm further overhead"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- When in the star position, not keeping one line between the shoulders, hips and knees (either holding the hips too low or too high, or side bending at the waist)
- When reaching overhead, just moving the arm rather than lifting the waist and making a 'C' shape with the spine
- Twisting the body (not keeping the shoulders and hips facing the front)
- Locking the elbow or bending the elbow
- Not having the hand directly under the shoulder
- Hunching the shoulders
- Losing the shoulder stability and collapsing through the shoulder – the body will sag down
- Not keeping the head in line with the shoulders or poking the chin forward
- Poking the bottom out and not keeping the body in one long line

Encourage and Inspire

- "Great job!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, come up into the side plank position"
- "EXHALE, lift through the waist and reach overhead"
- "NHALE, return to the side plank position"
- "EXHALE, lower the body down"

Ending the Exercise

- "… and lower the hips down and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Plank 1 (On the Knees), Double Leg Lift 1 (Head Down)
- MATWORK PROGRESSIONS PREREQUISITES: Horsekick 4 (Arm and Leg Lift)

Muscles and Movements

Target Muscles

- Internal and External Obliques to hold the side plank position, keeping the hips up, and bend at the waist (thoracic and lumbar lateral flexion)

Accessory Muscles

- Quadratus Lumborum to assist with holding the side plank position
- Latissimus Dorsi to help hold the body up
- Triceps to support the body weight (elbow extension)
- Deltoids to raise the arm overhead (shoulder abduction)

Stabilising Muscles

- T-Zone to draw the abdominals in and stabilise the lower back
- Gluteus Medius to keep the hips up (hip abduction)
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck Flexors the keep the chin tucked in (upper cervical flexion)
- Rotator Cuff to stabilise the shoulder joints

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Injuries/Caution

Lower Back Pain

- Check that the lumbar spine position is in neutral and the lower back isn't arching
- Make sure that the shoulders, hips and knees are staying in one line when in the star position and that the hips aren't too low
- If the hips are too low this can cause a lot of strain on the back
- Make sure that the T-Zone is tight and the abdominals are not bulging out
- Check the rib to hip and Oblique activation and make sure that the lower back is not arching
- Cue to use the abdominals more to raise the hips
- If the side bending at the waist causes back pain, omit this part of the movement and just hold the star position with the body in one long line

Neck Pain or Shoulder Pain

- This exercise places a lot of weight through one arm and is not the best for clients with shoulder pain
- Make sure that the hand is directly under the shoulder
- Make sure that the elbow stays straight but not locked
- Focus on the shoulder blades drawing down and back, and the ribcage drawing up into the shoulder blade so that it is not winging
- Focus on the abdominals doing the work, not the arm
- Keep the bodyweight lifted up and away from the mat
- Check the neck position – maintain a neutral neck position with the chin tucked in and neck long
- If taking the arm overhead causes pain, omit this part of the movement and just hold the star position with the body in one long line
- If pain persists, perform Double Leg Lift instead

Wrist Pain

- Focus on lifting the body weight up off the hand by using the abdominals and shoulder muscles
- Keep the elbow unlocked otherwise a lot of extra weight gets placed on the wrist
- Try turning the hand in a slightly different position
- Try on fingertips or fists
- Perform the exercise on the elbow instead



Modification on the Elbow

Knee pain

- Avoid this exercise if kneeling is an issue or the knees feel uncomfortable

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Pregnancy

- Safe to perform throughout pregnancy as long as the client feels comfortable and is safe

Programming Advice

- As this exercise works the Oblique muscles, it is a good idea to warm up these muscles first eg. Oblique Curl in the Supine Abdominal Series or the Double Leg Lift exercises
- This exercise is often performed poorly with incorrect body positioning (either with the hips sticking up in the air or dropping too low). Usually, you will need to go and touch your clients to physically move them in the correct position
- Often clients find this exercise a lot easier one side than the other, either due to the arm being stronger or the abdominals being stronger on one side
- Remember to perform the exercise facing the other direction to work both sides – however if one side is weaker, you may wish to perform more repetitions on that side to increase the strength

Palpations/Physical Corrections

- Scapula Setting #1: In Between the Shoulder Blades
- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #13: Side Plank
- Head Positioning #2: Plank
- Arm Positioning #1: Guiding Arm Position and Movement
- Arm Positioning #3: Relocation of Humerus

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Star 2 (On the Feet)

Intensity=3 Difficulty=3

Cueing Formula

Exercise Tip: As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the exercise Set Up rather than in the Breathing and Movement.

Name of Exercise

"Star on the Feet"

What and/or Where it Works

"This works the abdominals, in particular the side of the waist, the shoulder and shoulder blade stability"

Set Up



"Sitting on the mat facing sideways with the legs slightly bent over to the left side, feet splayed, one in front of the other, top leg in front, feet flexed. Right hand on the mat, out to the side of the body in line with the knees. Left hand resting on the leg. Shoulders and hips square to the front, neutral spine, T-Zone."

Breathing and Movement



"INHALE, press through the feet and raise the hips up into a side plank position, body in one straight line, arm toward the ceiling"



"EXHALE, reach the top arm overhead, raising the hips up further and making a 'C' shape with the spine)"

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"INHALE, return the arm to the ceiling and lower into the side plank position"



"EXHALE, lower the pelvis to the floor and the hand on the leg"

Permission to Continue

- "Keep going and…"

Concentration Points

- "Keep the body in one long line as you raise up into the star position"***
- "Use the abdominals and the underneath side of the waist to lift the hips and waist up as high as possible as you reach the arm overhead"***
- "Keep the T-Zone tight and the shoulders and hips facing square to the front"***
- "Keep the shoulders down and back and keep the body weight lifting up and away from the hand"***
- "Keep the supporting arm straight, with the elbow unlocked and the hand directly under the shoulder"***
- "Keep drawing the ribs toward the hips so that the lower back doesn't arch"
- "Chin tucked in, eyes looking forward"

To Make it Easier

- "Don't lift the waist up as high or reach overhead as far"

To Make it Harder

- "Really lift up and bend through the side of the waist, taking the arm further overhead"

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Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- When in the star position, not keeping one line between the shoulders, hips and knees (either holding the hips too low or too high, or side bending at the waist)
- When reaching overhead, just moving the arm rather than lifting the waist and making a 'C' shape with the spine
- Twisting the body (not keeping the shoulders and hips facing the front)
- Locking the elbow or bending the elbow
- Not having the hand directly under the shoulder
- Hunching the shoulders
- Losing the shoulder stability and collapsing through the shoulder – the body will sag down
- Not keeping the head in line with the shoulders or poking the chin forward
- Poking the bottom out and not keeping the body in one long line

Encourage and Inspire

- "Looking great!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, come up onto the feet and raise the body into the side plank position"
- "EXHALE, lift through the waist and reach overhead"
- "NHALE, return to the side plank position"
- "EXHALE, lower the body down"

Ending the Exercise

- "… and lower the hips down and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Plank 2 (On the Feet)
- MATWORK PROGRESSIONS PREREQUISITES: Star 1 (On the Knees)

Muscles and Movements

Target Muscles

- Internal and External Obliques to hold the side plank position, keeping the hips up, and bend at the waist (thoracic and lumbar lateral flexion)

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Accessory Muscles

- Quadratus Lumborum to assist with holding the side plank position
- Latissimus Dorsi to help hold the body up
- Triceps to support the body weight (elbow extension)
- Deltoids to raise the arm overhead (shoulder abduction)

Stabilising Muscles

- T-Zone to draw the abdominals in and stabilise the lower back
- Gluteus Medius to keep the hips up (hip abduction)
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck Flexors the keep the chin tucked in (upper cervical flexion)
- Rotator Cuff to stabilise the shoulder joints

Injuries/Caution

Lower Back Pain

- Check that the lumbar spine position is in neutral and the lower back isn't arching
- Make sure that the shoulders, hips and knees are staying in one line when in the star position and that the hips aren't too low
- If the hips are too low this can cause a lot of strain on the back
- Make sure that the T-Zone is tight and the abdominals are not bulging out
- Check the rib to hip and Oblique activation and make sure that the lower back is not arching
- Cue to use the abdominals more to raise the hips
- If the side bending at the waist causes back pain, omit this part of the movement and hold the star position with the body in one long line

Neck Pain or Shoulder Pain

- This exercise places a lot of weight through one arm and is not the best for clients with shoulder pain
- Make sure that the hand is directly under the shoulder
- Make sure that the elbow stays straight but not locked
- Focus on the shoulder blades drawing down and back, and the ribcage drawing up into the shoulder blade so that it is not winging
- Focus on the abdominals doing the work, not the arm
- Keep the bodyweight lifted up and away from the mat
- Check the neck position – maintain a neutral neck position with the chin tucked in and neck long
- If taking the arm overhead causes pain, omit this part of the movement and hold the star position with the body in one long line
- If pain persists, perform Double Leg Lift instead

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Wrist Pain

- Focus on lifting the body weight up off the hand by using the abdominals and shoulder muscles
- Keep the elbow unlocked otherwise a lot of extra weight gets placed on the wrist
- Try turning the hand in a slightly different position
- Try on fingertips or fists
- Perform the exercise on the elbow instead



Modification on the Elbow

Knee or Ankle Pain

- If clients are uncomfortable in this position, avoid this exercise

Pregnancy

- Safe to perform throughout pregnancy as long as the client feels comfortable and is safe

Programming Advice

- Works well in a group class as some clients can perform Star 1 (On the Knees) while others perform Star 2 (On the Feet)
- As this exercise works the Oblique muscles, it is a good idea to warm up these muscles first eg. Oblique Curl in the Supine Abdominal Series or the Double Leg Lift exercises
- This exercise can be tough on the shoulder and wrist, so when programming a class make sure that you don't program it in conjunction with too many other exercises which involve weight bearing through the wrists

Palpations/Physical Corrections

- Scapula Setting #1: In Between the Shoulder Blades
- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #13: Side Plank
- Head Positioning #2: Plank
- Arm Positioning #1: Guiding Arm Position and Movement
- Arm Positioning #3: Relocation of Humerus

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Star 3 (Twist)

Intensity=3.5 Difficulty=3.5

Cueing Formula

Exercise Tip: As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the exercise Set Up rather than in the Breathing and Movement.

Name of Exercise

"Star, Twist"

What and/or Where it Works

"This works the abdominals, in particular the side of the waist, the shoulder and shoulder blade stability"

Set Up

"Sitting on the mat facing sideways with the legs slightly bent over to the left side, feet splayed, one in front of the other, top leg in front, feet flexed. Right hand on the mat, out to the side of the body in line with the knees. Left hand resting on the leg. Shoulders and hips square to the front, neutral spine, T-Zone."



Breathing and Movement

"INHALE, press through the feet and raise the hips up into a side plank position, arm toward the ceiling"



"EXHALE, rotate the spine and thread the top arm underneath the body, taking the bottom up and the head down"



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"INHALE, face the front, body in one long line with the arm toward the ceiling – side plank position"



"EXHALE, lower down to the floor and place the hand on the leg"



Permission to Continue

- "Keep going and…"

Concentration Points

- "Keep the body in one long when you are in the side plank position – don't let the hips drop, the bottom poke out or the back arch"***
- "As you perform the twist, initiate by rotating the body and rounding the spine, drawing the top ribs toward the opposite hip and really reach the arm underneath the body"***
- "As you twist, use the abdominals to raise the hips up"***
- "Use the abdominals and the underneath side of the waist to control the movement"***
- "Keep the shoulders down and back and the body weight lifting up, away from the hand"***
- "Keep the supporting arm straight, elbow unlocked and hand directly under the shoulder"***

To Make it Easier

- "Don't rotate as far"

To Make it Harder

- "Rotate further and raise the hips higher"

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Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- When in the side plank position, not keeping one line between the shoulders, hips and knees (either holding the hips too low or too high, or side bending at the waist)
- When in the side plank position, not keeping the shoulders and hips facing the front
- When performing the twist, not flexing and rounding the spine to raise the hips and not rotating and reaching through far enough
- Locking the elbow or bending the elbow
- Hunching the shoulders
- Not keeping the head in line with the shoulders or poking the chin forward, and not looking at the knees when performing the twist
- Not having the hand directly under the shoulder

Encourage and Inspire

- "Lovely work"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, come up onto the feet and raise the body into the side plank position"
- "EXHALE, rotate the body, thread the arm underneath and raise the hips"
- "NHALE, return to the side plank position"
- "EXHALE, lower the body down"

Ending the Exercise

- "…and lower the hips down and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Star 2 (On the Feet), Thread the Needle, Controls Front 1 (Pikes)

Muscles and Movements

Target Muscles

- Internal and External Obliques to hold the side plank position and flex and rotate the spine in the twist (thoracic and lumbar flexion and rotation and isometric lateral flexion)

Accessory Muscles

- Quadratus Lumborum to assist with holding the side plank position

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- Latissimus Dorsi to help hold the body up
- Triceps to support the body weight (elbow extension)

Stabilising Muscles

- T-Zone to draw the abdominals in and stabilise the lower back
- Gluteus Medius to keep the hips up (hip abduction)
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck Flexors the keep the chin tucked in (upper cervical flexion)
- Rotator Cuff to stabilise the shoulder joints

Injuries/Caution

Upper Back Pain or Lower Back Pain

- In the side plank position, check that the lumbar spine is in neutral and the lower back isn't arching and make sure that the shoulders, hips, knees and feet are staying in one line
- When twisting, make sure that the abdominals are performing the movement and the spine is flexing and rotating
- Make sure that the T-Zone is tight and the abdominals are not bulging out
- Check the rib to hip and Oblique activation
- Cue to use the abdominals more
- If pain is present on the twist component, omit this part and just hold the side plank position

Thoracic Disc Injuries or Lumbar Disc Injuries

- Avoid this exercise as it involves lumbar and thoracic flexion and rotation

Sciatica

- Avoid this exercise as it places the body in a neural tension position

Osteoporosis

- Avoid this exercise

Neck Pain or Shoulder Pain

- This exercise is difficult for clients with neck or shoulder pain
- Keep the chin tucked in and neck following the line of the body – eyes looking forward when in the side plank position, eyes looking at the thighs when in the pike position
- Focus on the shoulder blades drawing down and back, and the ribcage drawing up into the shoulder blade so that it is not winging
- Ensure that the elbow is straight but not locked and the hand is directly under the shoulder
- Focus on the abdominals doing the work, not the arm
- Keep the bodyweight lifted up and away from the hand
- Discontinue the exercise if pain persists

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Vertigo or Dizziness

- Take care or avoid this exercise if it produces symptoms

Wrist Pain

- Lift the body weight up off the hand by using the abdominals and shoulder muscles
- Keep the elbow unlocked otherwise a lot of extra weight gets placed on the wrist
- If pain persists, avoid this exercise

Knee or Ankle Pain

- If clients are uncomfortable in this position, avoid this exercise

Pregnancy

- Avoid this exercise

Programming Advice

- This is a really tough exercise on the abdominals and shoulders, it is best to give to clients who are stronger in these areas and are quite flexible
- As this exercise incorporates the Star side plank position and a rotation, it is a good idea to teach both of these movements first eg. Star 2 (On the Feet) and Thread the Needle
- This exercise works well when performed after Star 2 (On the Feet)
- Another good exercise to perform prior to this is Criss Cross or Double Leg Lift as it warms up the Oblique muscles
- Don't program too many Star exercises in a row as the wrist and shoulder can start to strain

Palpations/Physical Corrections

- Scapula Setting #1: In Between the Shoulder Blades
- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #12: Pikes
- Pelvic Positioning #13: Side Plank
- Head Positioning #2: Plank
- Arm Positioning #1: Guiding Arm Position and Movement
- Arm Positioning #3: Relocation of Humerus

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Controls Back 1 (Pelvic Lift)

Intensity=3 Difficulty=3

Cueing Formula

Name of Exercise

"Controls Back, Pelvic Lift"

What and/or Where it Works

"The shoulders, back of the thighs, buttocks and abdominals"



Set Up

"Sitting with the legs outstretched, hip distance apart. Hands slightly behind the hips, fingers facing forward, arms straight. Shoulders down and back, neutral spine, feet flexed."

Breathing and Movement



"INHALE, T-Zone"

"EXHALE, squeeze the buttocks and raise the hips up into a plank position so you are in one straight line"



"INHALE, lower the hips back down"

Permission to Continue

- "Keep going and…"

Concentration Points

- "Squeeze the buttocks to lift the pelvis up, tucking the Pubic Bone toward the belly button"***
- "Keep the knees unlocked and use the back of the thighs"***
- "Really use the abdominals, keeping the T-Zone tight and drawing the ribs toward the hips so that the lower back doesn't arch"***
- "Keep the elbows unlocked, shoulder blades down and back, chest open, chin tucked in"***

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- "Think of lifting the spine up away from the mat, taking the body weight up off the hands"***
- "Flex the feet and press through the heels"

To Make it Easier

- "Rest the pelvis back onto the mat between each repetition"

To Make it Harder

- "Hold up for longer"
- "Don't lower the pelvis all the way to the mat between repetitions – hover just off the floor then raise the pelvis up again"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not raising the body all the way up into the correct plank position
- Arching the lower back and flaring the ribs
- Rotating the pelvis or dropping one hip
- Collapsing through the shoulders and letting the thoracic spine sink away from the shoulder blades (poor Serratus Anterior activation)
- Locking the elbows or knees
- Shoulder blades hunching up toward the ears/overusing the Upper Trapezius muscles
- Not opening the chest – keeping the shoulders rounded forward
- Chin sticking out or hyperextending the neck (not engaging the Deep Neck Flexors)

Encourage and Inspire

- "Great job!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, raise the hips into the plank position"
- "INHALE, lower the hips"

Ending the Exercise

- "…and lower the pelvis down and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Pelvic Curl 1 (Rolling Up and Down)

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Muscles and Movements

Target Muscles

- Gluteus Maximus to raise the hips up (hip extension)
- Hamstrings to assist with raising the hips up (hip extension) and prevent the knees from locking (isometric knee flexion)
- Latissimus Dorsi to support the body weight (shoulder extension)

Accessory Muscles

- Triceps to support the body weight (elbow extension)
- Internal Obliques, External Obliques and Rectus Abdominus to tuck the bottom under (lumbar spine flexion and posterior pelvic tilt) and prevent the back from arching

Stabilising Muscles

- T-Zone to draw the abdominals in and stabilise the lower back
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck Flexors the keep the chin tucked in (upper cervical flexion)
- Rotator Cuff to stabilise the shoulder joints

Injuries/Caution

Lower Back Pain

- Perform Level 1 with the knees bent for clients with lower back pain
- Squeeze the buttocks to raise the hips and keep the pelvis tucked under
- Make sure that the hips are not lifting up too high otherwise the back may arch
- Check the rib to hip/Oblique activation
- Try the modification with the knees bent
- If pain persists, discontinue the exercise



Modification with Knees Bent

Sciatica

- Perform the modification with the knees bent

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Shoulder Pain

- Focus on the shoulder blades drawing down and back, opening the chest and not allowing the body to sag down through the shoulder blades
- Make sure that the hands are directly under the shoulders
- Try different hand positions to see if this helps – sometimes turning the fingers out helps
- Keep the elbows unlocked to help the Serratus Anterior to activate (and prevent winging)
- If shoulder pain persists, perform an alternative exercise eg. Pelvic Curl 1 (Rolling Up and Down)

Neck Pain

- Check the neck position – maintain a neutral neck position with the chin tucked in and the neck long
- Focus on the shoulder blades drawing down and back, opening the chest and not allowing the body to sag down through the shoulder blades
- If neck pain persists, discontinue the exercise

Wrist Pain

- Try different hand positions (fingers pointing forward, backward or sideways)
- Focus on lifting the body weight up off the hands by using the abdominals
- Keep the elbows unlocked otherwise a lot of extra weight gets placed on the wrists
- You can also avoid this exercise and perform another exercise instead that does not require weight bearing through the wrists eg. Pelvic Curl 1 (Rolling Up and Down)

Hypermobile Knees and Knee Pain

- Clients with knees that tend to lock/hyperextend will need to use their Hamstrings the support the back of the knees
- Warming up the Hamstring muscles beforehand can help with this eg. perform some Pelvic Curl exercises
- Try the modification with the knees bent
- If pain persists, perform an alternate exercise instead

Pregnancy

- Safe to perform in the first trimester
- The bent knee modification may be best
- Avoid in the second and third trimesters

Programming Advice

- This exercise requires a lot of Hamstring, buttock and shoulder blade strength and control - it is best performed after exercises to warm these muscles up first
- Works well when performed after any of the Pelvic Curl exercises
- Traditionally this exercise is performed with the toes pointed, however we have chosen to have the feet flexed as for most clients this improves stability allows for better buttock and Hamstring activation – if clients are uncomfortable try pointing the feet instead

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Palpations/Physical Corrections

- Scapula Setting #1: In Between the Shoulder Blades
- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #3: Plank
- Pelvic Positioning #6: Posterior Pelvic Tilt

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Controls Back 2 (Leg Lift)

Intensity=4 Difficulty=4

Cueing Formula

Name of Exercise

"Controls Back, Leg Lift"

What and/or Where it Works

"The shoulders, back of the thighs, buttocks and abdominals"



Set Up

"Sitting with the legs outstretched. Hands slightly behind the hips, fingers facing forward, arms straight. Shoulders down and back, neutral spine, feet flexed."

Breathing and Movement

"INHALE, T-Zone"

"EXHALE, squeeze the buttocks and raise the hips up into a plank position so you are in one straight line"



"INHALE, hold"

"EXHALE, raise one leg off the mat, foot flexed"



"INHALE, return the foot to the mat"

"Alternate sides"



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Permission to Continue

- "Keep going, alternating legs and…"

Concentration Points

- "Squeeze the buttocks to keep the pelvis lifted high – don't let one or both hips drop as the leg lifts"***
- "Really use the abdominals, keeping the T-Zone tight, drawing the ribs toward the hips and tucking the Pubic Bone toward the belly button so that the lower back doesn't arch"***
- "Keep the elbows unlocked, shoulder blades down and back, chest open, chin tucked in"***
- "Keep the knees unlocked and use the back of the thighs"***
- "Think of lifting the spine up away from the mat, taking the body weight up off the hands"***
- "Keep the body still as the leg lifts"***

To Make it Easier

- "Only do a few repetitions before lowering down to rest"

To Make it Harder

- "Hold up in the plank position for longer and perform more leg lifts"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Letting one or both hips drop as the leg lifts or rotating the pelvis
- Not having the hands directly under the shoulders
- Not raising the body all the way up into the correct plank position
- Arching the lower back and flaring the ribs
- Collapsing through the shoulders and letting the thoracic spine sink away from the shoulder blades (poor Serratus Anterior activation)
- Locking the elbows or knees
- Shoulder blades hunching up toward the ears/overusing the Upper Trapezius muscles
- Not opening the chest – keeping the shoulders rounded forward
- Chin sticking out or hyperextending the neck (not engaging the Deep Neck Flexors)

Encourage and Inspire

- "Fantastic work everyone, keep it up!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, raise one leg off the mat"
- "INHALE, return the leg"

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Ending the Exercise

- "… and return the foot then lower the pelvis onto the mat to rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Pelvic Curl 3 (Single Leg Lift)
- MATWORK PROGRESSIONS PREREQUISITES: Controls Back 1 (Pelvis Lift)

Muscles and Movements

Target Muscles

- Gluteus Maximus to raise and keep the hips up (hip extension)
- Hamstrings to assist with raising the hips up (hip extension) and prevent the knees from locking (isometric knee flexion)
- Latissimus Dorsi to support the body weight (shoulder extension)

Accessory Muscles

- Triceps to support the body weight (elbow extension) Internal Obliques, External Obliques and Rectus Abdominus to tuck the bottom under (lumbar spine flexion and posterior pelvic tilt) and prevent the back from arching
- Hip Flexors and Quadriceps to raise the leg and keep the knee straight (hip flexion and knee extension)

Stabilising Muscles

- T-Zone to draw the abdominals in and stabilise the lower back
- Gluteus Medius to stabilise the pelvis and prevent one hip dropping
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck Flexors the keep the chin tucked in (upper cervical flexion)
- Rotator Cuff to stabilise the shoulder joints

Injuries/Caution

Lower Back Pain

- Avoid this exercise for clients with lower back pain
- Squeeze the buttocks to raise the hips and keep the pelvis tucked under
- Make sure that the hips are not lifting up too high otherwise the back may arch
- Make sure that one hip doesn't drop – use the buttock muscles of the stabilising leg
- Check the rib to hip/Oblique activation
- Try the modification with the knees bent

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- If pain persists, omit raising the leg and perform Controls Back 1 (Pelvic Lift)



Modification with Knees Bent

Sciatica

- Avoid this exercise as it involves a neural tension position

Shoulder Pain

- Make sure that the hands are directly under the shoulders
- Focus on the shoulder blades drawing down and back, opening the chest and not allowing the body to sag down through the shoulder blades
- Try different hand positions to see if this helps – sometimes turning the fingers out helps
- Keep the elbows unlocked to help the Serratus Anterior to activate (and prevent winging)
- If shoulder pain persists, perform an alternative exercise eg. Pelvic Curl 3 (Single Leg Lift)

Neck Pain

- Check the neck position – maintain a neutral neck position with the chin tucked in and the neck long
- Focus on the shoulder blades drawing down and back, opening the chest and not allowing the body to sag down through the shoulder blades
- If neck pain persists, discontinue the exercise

Wrist Pain

- Try different hand positions (fingers pointing forward, backward or sideways)
- Focus on lifting the body weight up off the hands by using the abdominals
- Keep the elbows unlocked otherwise a lot of extra weight gets placed on the wrists
- You can also avoid this exercise and perform another exercise instead that does not require weight bearing through the wrists eg. Pelvic Curl 3 (Single Leg Lift)

Hypermobile Knees and Knee Pain

- Clients with knees that tend to lock/hyperextend will need to use their Hamstrings the support the back of the knees
- Warming up the Hamstring muscles beforehand can help with this eg. perform some Pelvic Curl exercises
- Try the modification with the knees bent
- If pain persists, perform an alternate exercise instead

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Pregnancy

- Safe to perform in the first trimester
- The bent knee modification may be best
- Avoid in the second and third trimesters

Programming Advice

- This exercise is very challenging, and is one for clients to work up to
- Performing Controls Back 1 (Pelvic Lift) and Pelvic Curl 3 (Single Leg Lift) can help to build up the strength needed for this exercise
- Works well when performed after Controls Back 1 (Pelvic Lift)
- Clients who have hypermobile knees find this exercise very difficult as their knees try to lock every time one leg lifts
- Traditionally this exercise is performed with the toes pointed, however we have chosen to have the feet flexed as for most clients this improves stability allows for better buttock and Hamstring activation – if clients are uncomfortable try pointing the feet instead
- Take care with programming too many exercises in row which require weightbearing through the wrists as it can become uncomfortable

Palpations/Physical Corrections

- Scapula Setting #1: In Between the Shoulder Blades
- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #3: Plank
- Pelvic Positioning #6: Posterior Pelvic Tilt
- Pelvic Positioning #8: Preventing the Pelvis from Rocking

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SIDE LYING SERIES

Side Kick

Intensity=3 Difficulty=2.5

Cueing Formula

Name of Exercise

"Side Kick"

What and/or Where it Works

"This works the buttock muscles"

Set Up

"Lying on the side with the underneath arm extended long under the head, head relaxed on the arm. Legs straight, just in front of the body, top knee turned up slightly, toes pointed. Hips stacked one on top of each other. Create a small gap between the waist and the floor, neutral spine. Top hand on floor in front, shoulder blade down and back, T-Zone tight."

Exercise Tip: To make it easier, you can perform this exercise with the underneath leg bent or to make it harder, propped up on the elbow.

As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the exercise Set Up rather than in the Breathing and Movement.

Note the breathing for this exercise differs to other matwork side lying buttock exercises in that you inhale as you raise the leg.

Use arm gestures to mimic the leg movement and enhance your clients' understanding of the movement.



Breathing and Movement

"INHALE, point the toes and raise the leg"



"EXHALE, flex the foot…"



"… and lower the leg down…"



Permission to Continue

- "Keep going, and …"

Concentration Points

- "Squeeze the buttock to perform the movement – use the buttock and not the thigh"***

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- "Move from the hip, not the back – keep the back and waist completely still"***
- "Maintain neutral spine – keep the ribs toward the hips so that there is no arching through the lower back"***
- "Maintain the gap under the waist"***
- "Keep the pelvis facing square to the front, don't let it roll backward"***
- "Keep the knee turned up"
- "Shoulders down and back, chin tucked in, neck long"***

To Make it Easier

- "Don't lift the leg quite so high"
- "If you are finding it hard to balance, bend the underneath leg"

To Make it Harder

- "Raise the leg a little higher (as high as possible without hitching the top hip up toward the shoulder and collapsing through the waist)"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- When lifting the leg – collapsing through the waist and hitching the top hip up to the shoulder
- Arching the lower back
- Tucking the pelvis under
- Rolling the pelvis backward
- Overusing the Quadriceps and TFL
- Hunching or collapsing/sagging through the shoulder
- Not having the neck in line with the body or poking the chin forward
- Moving the leg further forward as it lifts and lowers

Encourage and Inspire

- "Fantastic everyone!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, point the toes, raise the leg"
- "EXHALE, flex the foot, lower the leg"

Ending the Exercise

- "…and rest"

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Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Circles, Clam Kickout

Muscles and Movements

Target Muscles

- Gluteus Medius and Gluteus Maximus to raise the leg and keep it rotated slightly toward the ceiling (hip abduction and external rotation)

Accessory Muscles

- Deep Hip Rotators and Piriformis to keep the knee turned up slightly (hip external rotation)

Stabilising Muscles

- Gluteus Medius, Gluteus Minimus and Gluteus Maximus to stabilise the supporting hip
- T-Zone to stabilise the spine, keep the pelvis still and prevent the hips from rocking or rolling backward
- Internal and External Obliques to keep the spine neutral and prevent the back from arching and the ribs from flaring

Injuries/Caution

Lower Back Pain

- Keep the ribs toward the hips so that the lower back doesn't arch
- Limit the range of movement – don't raise the leg as high or turn the toes up and down as far
- Keep the spine and pelvis completely still – don't let the pelvis rock forward or back, don't tuck the pelvis under or arch the lower back
- Squeeze the underneath side of the waist to lift the waist up (rib to hip), don't let it sag down
- Lift the leg up from the hip, not the waist
- Perform the exercise with the underneath leg bent



Modification with Underneath Leg Bent

SIJ Pain or Pubic Bone Pain

- Avoid this exercise as it places the pelvis in an open and unstable position

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Hip Pain or Overactive Hip Flexors

- Limit the range of movement – don't raise the leg as high
- Keep the leg straight down in line with the hip – don't let it move forward
- Focus on using the buttocks to perform the movement
- Watch out for the Tensor Facia Latae (TFL) taking over and doing the work instead of the Gluteus Medius on both sides. Palpation may be required to feel for this and ask the client where they are feeling it - make sure that the buttocks are working
- If pain or discomfort continues, try performing the exercise in side lying instead, with the underneath leg bent

Pregnancy

- Safe to perform throughout pregnancy
- Perform with the underneath leg bent
- Avoid for pregnant clients who have any type of pelvic pain

Programming Advice

- Great for a group class as you can have some clients perform the exercise in side lying while others perform it propped up on the elbow
- In both positions, you can have the underneath leg bent or straight – a bent leg is easier, a straight leg challenges the stability and balance more
- Performing the exercise propped up on the elbow works the underneath buttock muscles more, as well as challenging spinal and shoulder stability
- If clients are getting confused with the pointing and flexing of the foot, just keep the toes pointed the whole time
- Works well when programmed with other exercises in the series, keep in mind that the underneath leg position changes slightly between exercises as the balance point changes with the different movements of the top leg



Modification on Elbow

Palpations/Physical Corrections

- Leg Positioning #3: Guiding Leg Height and Position
- Leg Positioning #4: Turning the Leg Out from the Hip Joint
- Gluteal Activation #1: Gluteus Medius
- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #1: Side Lying

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Side Kick Front

Intensity=3 Difficulty=2.5

Exercise Tip: To make it easier, you can perform this exercise with the underneath leg bent or to make it harder, propped up on the elbow.

As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the exercise Set Up rather than in the Breathing and Movement.

Use arm gestures to mimic the leg movement and enhance your clients' understanding of the movement.

Cueing Formula

Name of Exercise

"Side Kick Front"

What and/or Where it Works

"This works the buttock muscles and stretches the back of the thighs"

Set Up

"Lying on the side with the underneath arm extended long under the head, head relaxed on the arm. Legs straight, in front of the body at 45 degrees, feet flexed. Hips stacked one on top of each other. Create a small gap between the waist and the floor, neutral spine. Top hand on floor in front, shoulder blade down and back. Tighten the T-Zone and raise the top leg to hip height."



Breathing and Movement

"INHALE, sweep the leg forward, pressing through the heel"



"INHALE, sweep the leg further forward"



"EXHALE, point the toes and sweep the leg back just past the body"



Permission to Continue

- "Keep going, and …"

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Concentration Points

- "Squeeze the buttock to perform the movement – use the buttock and not the thigh"***
- "Move from the hip – only move as far as you can without the pelvis or back moving"***
- "As the leg sweeps forward, stick your bottom out, don't let the pelvis tuck under"***
- "As you sweep the leg back, draw the ribs toward the hips so that the back doesn't arch"***
- "Keep the pelvis facing square to the front, don't let it roll forward or back"***
- "Maintain the gap underneath the waist"***
- "Use the hand to push your hip away from your shoulder"***
- "Press through the heel when kicking forward, reach the toes when sweeping back"***
- "Keep the leg up at hip height or slightly higher"***
- "Shoulders down and back, chin tucked in, neck long"***

To Make it Easier

- "Don't sweep the leg as far forward or back"
- "If you are finding it hard to balance, bend the underneath leg"

To Make it Harder

- "Sweep the leg further forward and back (as far as possible without tucking the pelvis under or arching the lower back)"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- When taking the leg back – losing the neutral spine and arching the back
- When taking the leg forward – tucking the pelvis under
- Allowing the leg to drop below hip height – keep it up high
- Collapsing through the side of the waist and hitching the top hip up toward the shoulder
- Rolling the pelvis forward or backward
- Hunching or collapsing/sagging through the shoulder
- Not having the neck in line with the body or poking the chin forward
- Getting confused with the coordination of pointing and flexing the foot

Encourage and Inspire

- "Looking good!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, flex the foot, sweep the leg forward"
- "INHALE, further forward"
- "EXHALE, point the toes, sweep the leg back"

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Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Rectangles
- MATWORK PROGRESSIONS PREREQUISITES: Side Kick

Muscles and Movements

Target Muscles

- Gluteus Medius, Gluteus Minimus, Gluteus Maximus hold the leg at hip height (hip abduction)
- Gluteus Maximus to sweep the leg back in line with the body (hip extension)
- Stretches the Hamstrings

Accessory Muscles

- Deep Hip Rotators and Piriformis to stop the knee from rolling in (hip external rotation)
- Hip Flexors to sweep the leg forward (hip flexion)

Stabilising Muscles

- Gluteus Medius, Gluteus Minimus and Gluteus Maximus to stabilise the supporting hip
- T-Zone to stabilise the spine, keep the pelvis still and prevent the hips from rocking or rolling backward
- Internal and External Obliques to keep the spine neutral and prevent the back from arching and the ribs from flaring

Injuries/Caution

Lower Back Pain

- Keep the ribs toward the hips so that the lower back doesn't arch
- Limit the range of movement – don't sweep as far forward or back
- Keep the spine and pelvis completely still – don't let the body rock forward or back, don't tuck the pelvis under or arch the lower back
- Squeeze the underneath side of the waist to lift the waist up (rib to hip), don't let it sag down
- Lift the leg up from the hip rather than the waist
- If pain or discomfort continues, try performing the exercise with the underneath leg bent



Modification with Underneath Leg Bent

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Sciatica

- Avoid sweeping the leg too far forward as this places the body in a neural tension position

SIJ Pain or Pubic Bone Pain

- Avoid this exercise as it places the pelvis in an open and unstable position

Hip Pain or Overactive Hip Flexors

- Make sure that the knee faces straight ahead
- Limit the range of movement – don't sweep as far forward or back
- Focus on using the buttocks to perform the movement
- Watch out for the Tensor Facia Latae (TFL) taking over and doing the work instead of the Gluteus Medius on both sides. Palpation may be required to feel for this and ask the client where they are feeling it. Make sure that the buttocks are working
- If pain or discomfort continues, try performing the exercise in side lying instead, with the underneath leg bent

Pregnancy

- Safe to perform throughout pregnancy
- Perform with the underneath leg bent
- Avoid for pregnant clients who have any type of pelvic pain

Programming Advice

- This exercise not only works the buttock muscles, it really challenges the pelvis stability, especially when you sweep forward a long way
- The main aim is to keep your spine completely still as you sweep as far forward and backward as possible
- Great for a group class as you can have some clients perform the exercise in side lying while others perform it propped up on the elbow
- When performing the exercise in side lying, you can either keep the underneath knee bent, or extended straight, slightly in front of the body
- If clients are getting confused with the pointing and flexing of the foot, just keep the toes pointed the whole time
- Works well when programmed with other exercises in the series, keep in mind that the underneath leg position changes slightly between exercises as the balance point changes with the different movements of the top leg

Palpations/Physical Corrections

- Leg Positioning #3: Guiding Leg Height and Position
- Leg Positioning #4: Turning the Leg Out from the Hip Joint
- Gluteal Activation #1: Gluteus Medius
- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #1: Side Lying

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Zig Zag

Intensity=3 Difficulty=3

Cueing Formula

Exercise Tip: To make it easier, you can perform this exercise with the underneath leg bent or to make it harder, propped up on the elbow.

As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the exercise Set Up rather than in the Breathing and Movement.

Use arm gestures to mimic the leg movement and enhance your clients' understanding of the movement.

Name of Exercise

"Zig Zag"

What and/or Where it Works

"This works the buttock muscles"

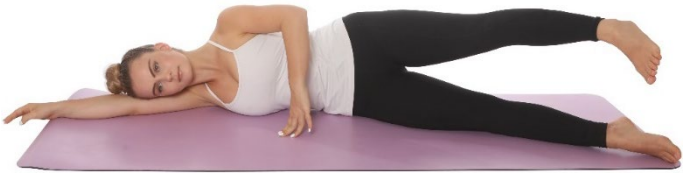
Set Up

"Lying on the side with the underneath arm extended long under the head, head relaxed on the arm. Legs straight, just in front of the body, foot relaxed. Hips stacked one on top of each other. Create a small gap between the waist and the floor, neutral spine. Top hand on the floor in front, shoulder blade down and back. Tighten the T-Zone and raise the top leg to hip height."



Breathing and Movement

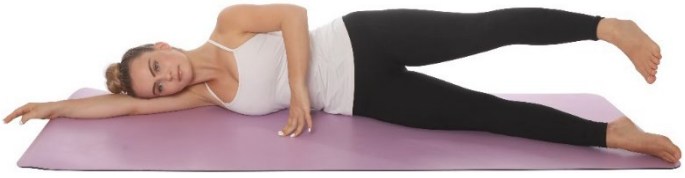
"INHALE, sweep the leg forward, then turn the toes down"



"EXHALE, lower the leg down…"



"…and up"



"INHALE, leg parallel and sweep it just behind the body, then turn the toes up"



"EXHALE, raise the leg…"

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"…and return it"

Permission to Continue

- "Keep going, INHALE sweep forward, toes down, EXHALE lower and lift, INHALE sweep back, toes up, EXHALE lift and lower…"

Concentration Points

- "Squeeze the buttock to perform the movement"***
- "Think of tracing your foot along a chair – you go forward along the seat, then down the front leg of the chair, then back along the seat, then up the back rest"***
- "As you sweep the leg forward the leg is facing straight forward, parallel to the floor"***
- "As you lower and lift the leg in front, toes face down"***
- "As you sweep the leg back the leg is facing straight forward"***
- "As you raise the leg behind you, the toes face up"***
- "Return the leg to at least hip height before moving it forward or backward"***
- "Move from the hip, not the back – keep the back and waist completely still"***
- "T-Zone tight to keep the hips stacked, don't let the hips roll forward or backward"***
- "Spine neutral – don't let the pelvis tuck under as you move the leg forward"***
- "Keep the ribs toward the hips so that there is no arching through the lower back"
- "Maintain the gap underneath the waist"***
- "Use the hand to push your hip away from your shoulder"***
- "Shoulders down and back, chin tucked in, neck long"***
- "Abdominals on to stabilise the back and stop it from arching"

To Make it Easier

- "Keep the range of movement smaller - don't sweep the leg as far forward or backward, or turn it up or down as far"
- "If you are finding it hard to balance, bend the underneath leg"

To Make it Harder

- "Make the movement larger – sweep the leg further forward and backward and rotate it more – as much as possible without moving the spine or pelvis"

Corrections/Common Mistakes

Remind and recycle the most relevant concentration points or breathing and movement –

- When lifting the leg – collapsing through the waist and hitching the top hip up to the shoulder
- When taking the leg back – losing the neutral spine and arching the back
- When taking the leg forward – tucking the pelvis under – focus on poking the bottom out
- When rotating the toes down – going too far and rolling the pelvis forward
- When rotating the toes up – going to too far and rolling the pelvis backward
- Losing the T-Zone and abdominals and moving the pelvis and back

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- Not raising the leg up enough – at least at hip height when sweeping forward and backward
- Not keeping the elbow under the shoulder
- Hunching or collapsing/sagging through the shoulder
- Not having the neck in line with the body or poking the chin forward
- Flexing or pointing the foot rather than keeping it relaxed – flexing it can cause the Quadriceps to overwork, and pointing the toes feels uncomfortable

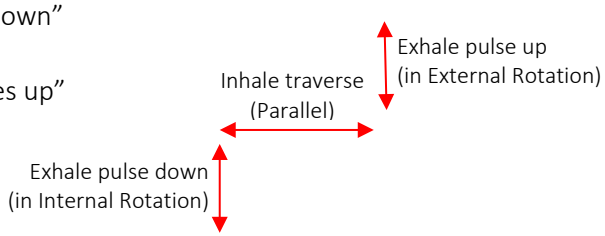
Encourage and Inspire

- "Great technique everyone!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, sweep the leg forward, turn the toes down"
- "EXHALE, lower and lift the leg"
- "INHALE, leg parallel, sweep it back, turn the toes up"
- "EXHALE, lift and lower"



Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Hot Potato, Rectangles, Clam Kickout
- MATWORK PROGRESSIONS PREREQUISITES: Side Kick, Side Kick Front

Muscles and Movements

Target Muscles

- Gluteus Minimus to lift the leg up and turn the toes down (hip abduction in internal rotation)
- Gluteus Medius to lift the leg up and turn the toes up (hip abduction and external rotation)
- Gluteus Maximus to sweep the leg back, lift the leg and turn the toes up and (hip extension, abduction and external rotation)
- Deep Hip Rotators to turn the toes up (hip external rotation)

Accessory Muscles

- Hip Flexors to sweep the leg forward (hip flexion)

Stabilising Muscles

- Gluteus Medius, Gluteus Minimus, Gluteus Maximus, Piriformis and Deep Hip Rotators to stabilise the supporting hip

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- T-Zone to stabilise the spine, keep the pelvis still and prevent the hips from rocking or rolling backward
- Internal and External Obliques to keep the spine neutral and prevent the back from arching and the ribs from flaring

Injuries/Caution

Lower Back Pain

- Keep the ribs toward the hips so that the lower back doesn't arch
- Limit the range of movement – don't sweep as far forward or back, or turn the toes up and down as far
- Keep the spine and pelvis completely still – don't let the body rock forward or back, don't tuck the pelvis under or arch the lower back
- Squeeze the underneath side of the waist to lift the waist up (rib to hip), don't let it sag down
- Lift the leg up from the hip rather than the waist
- If pain or discomfort continues, try performing the exercise with the underneath leg bent



Modification with Underneath Leg Bent

Sciatica

- Avoid sweeping the leg too far forward as this places the body in a neural tension position

Sacroiliac Joint Pain or Pubic Bone Pain

- Avoid this exercise as it places the pelvis in an open and unstable position

Hip Pain or Overactive Hip Flexors

- Limit the range of movement
- Focus on using the buttocks to perform the movement
- Watch out for the Tensor Facia Latae (TFL) taking over and doing the work instead of the Gluteus Medius on both sides. Palpation may be required to feel for this and ask the client where they are feeling it. Make sure that the buttocks are working
- Make sure that the leg is at least at hip height when sweeping forward and backward
- If pain or discomfort continues, try performing the exercise with the underneath leg bent

Pregnancy

- Safe to perform in the first trimester of pregnancy
- In the second and third trimesters, perform in side lying with the underneath leg bent
- Avoid for pregnant clients who have any type of pelvic pain

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Programming Advice

- This is an intense exercise that really works the buttocks
- Is a complicated movement to teach and perform and you may wish to cue the movement first before adding in the breathing
- A good way to remember which way the toes face is that when you sweep the leg forward and back, the toes face forward, when you lift and lower the leg the toes lead the way – they face down when you lower the leg in front, and up when you lift the leg behind you
- Works well when programmed with other exercises in the series
- Great for a group class as you can have some clients perform the exercise in side lying while others perform it propped up on the elbow
- You will need to spend more time than usual cueing the breathing and movement before moving onto concentration points

Palpations/Physical Corrections

- Leg Positioning #3: Guiding Leg Height and Position
- Leg Positioning #4: Turning the Leg Out from the Hip Joint
- Gluteal Activation #1: Gluteus Medius
- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #1: Side Lying

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Clam Kickout 1 (On the Elbow)

Intensity=2.5 Difficulty=2

Cueing Formula

Name of Exercise

"Clam 1 Kickout on the Elbow"

What and/or Where it Works

"This works the buttock muscles"

Set Up



"Lying on the side propped up on the elbow, elbow directly under the shoulder. Feet back in line with the body. One long line between the elbow, hip and foot. Lift up through the side of th waist to create a neutral spine, body facing square to the front. Top hand on the hip, shoulder blade down and back, T-Zone tight."

Breathing and Movement



"INHALE, open the top knee keeping the feet together"



"EXHALE, extend the leg out straight back and up, in line with the body, toes pointed"



"INHALE, bend the knee and bring the feet back together, keeping the knee high"

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"EXHALE, bring the knees back together"



Permission to Continue

- "Keep going and…"

Concentration Points

- "Squeeze the buttock to lift the leg and open the knee"***
- "Open the knee toward the ceiling as far as possible without rocking the hips back"***
- "When kicking out, extend the leg all the way straight and reach through the toes"***
- "Extend the leg back in line with the body – so that you can't see your toes"***
- "Keep the kneecap facing forward (not downward) as you extend the leg"***
- "Maintain the T-Zone – draw the top hip toward the bottom hip along the horizontal line"***
- "Neutral spine – keep the ribs toward the hips so that there is no arching through the lower back and lift up through the underneath side of the waist so that the body isn't sagging"***
- "Keep the spine and pelvis completely still – no movement through the waist"***
- "Elbow underneath the shoulder, shoulders down and back, chin tucked in, neck long"***
- "You can place your top hand on the top hip and press it away from your shoulder to keep the gap between the waist and the floor"
- "Try to keep your knee in line with the second and third toes"

To Make it Easier

- "Don't open the knee as far"
- "Don't extend the leg quite so high or as far back"

To Make it Harder

- "Open the knee further"
- "Extend the leg higher and further back (as far as possible without losing the neutral spine)"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Rolling the hips backward as the knee bends and opens, losing the T-Zone
- Using the thigh and not the buttock to move the leg
- Extending the leg out too far behind the body and arching the lower back
- Extending the leg too far in front of the body and using the thigh rather than the buttock
- Sagging through the waist and lowering the body toward the floor
- Hunching the shoulder
- Not keeping the elbow under the shoulder
- Not keeping the neck neutral – holding the head up too high, dropping the head down or forward

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- Collapsing through the waist and hitching the top hip up toward the shoulder
- Letting the knee roll toward the floor/internal rotation of the leg as it extends
- Not fully straightening the knee and reaching through the toes – reaching through the toes elongates the body and makes it less likely to hitch the top hip/lose the gap between the waist and the floor

Encourage and Inspire

- "Looking good everyone, just a few more reps to go!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, open the knee"
- "EXHALE, extend the leg back"
- "INHALE, feet together"
- "EXHALE, knees together"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Clam Kickout 1 (Feet Down)

Muscles and Movements

Target Muscles

- Gluteus Medius, Gluteus Minimus, Gluteus Maximus, Piriformis and Deep Hip Rotators to open the knee (hip external rotation)
- Gluteus Medius, Gluteus Minimus and Gluteus Maximus to lift and extend the leg back (hip abduction and extension)

Accessory Muscles

- Quadriceps to straighten the knee (knee extension) - but try not to focus on using this too much, focus on the buttock muscles extending the hip
- Latissimus Dorsi to help hold the body up

Stabilising Muscles

- T-Zone to stabilise the lower back and stop the hips from rocking backward
- Internal and External Obliques and Rectus Abdominus to prevent the lower back from arching

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- Gluteus Medius, Gluteus Minimus, Gluteus Maximus, Piriformis and Deep Hip Rotators to hold the underneath leg stable
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Rotator Cuff to stabilise the shoulder joint
- Deep Neck Flexors the keep the chin tucked in (upper cervical flexion)

Injuries/Caution

Lower Back Pain

- Make sure that the T-Zone stays tight, use the T-Zone to draw the top hip bone across the imaginary horizontal line toward the underneath hip bone
- Don't let the pelvis rotate backward - don't turn the knee as far up toward the ceiling
- Use the abdominals to prevent the back arching (ribs to hips)
- Squeeze the waist on the underneath side to lift the waist up (rib to hip), don't let it sag down
- Don't let the top hip hitch up toward the shoulder as this activates the lower back muscles (Quadratus Lumborum) rather than the Gluteus Medius
- If pain persists, perform the exercise in side lying, the head resting on the underneath arm



Modification in Side Lying

Hip Pain, SIJ Pain or Pubic Bone Pain

- Ensure that the T-Zone and abdominals are switched on
- Watch for the Tensor Facia Latae (TFL) or the Piriformis taking over and doing the work instead of the Gluteus Medius, Gluteus Minimus and Deep Hip Rotators - palpation may be required to feel for this
- Don't open the top knee as high
- If pain persists, perform the exercise in side lying, the head resting on the underneath arm

Overactive Quadriceps or Knee Pain

- Really squeeze the buttocks as you extend the leg back
- Make sure that the client is extending the leg back in line with the body (not forward)
- Cue the client to fully extend the leg, pointing and reaching through the toes
- Make sure that the knee cap is pointing straight ahead, not rolling down

Neck Pain or Shoulder Pain

- Keep the elbow underneath the shoulder
- Shoulder blades down and back, chin tucked in, eyes forward, head in line with the body
- Engage Serratus Anterior – think about lifting the body weight up, off the elbow

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- Keep the spine lifted up in a neutral position, don't let it sag through
- If pain persists, perform the exercise in side lying instead

Pregnancy

- Safe to perform throughout pregnancy
- As the belly grows it is difficult to support the spine while propped up on the elbow so it is best to perform the exercise in side lying in the later stages of the second and third trimester

Programming Advice

- Great for a group class as you can have some clients perform the exercise in side lying while others perform it propped up on the elbow
- In both positions, you can have the underneath leg bent or straight – a bent leg is easier, a straight leg challenges the stability and balance more
- Performing the exercise propped up on the elbow works the underneath buttock muscles more, as well as challenging spinal and shoulder stability
- Works well when programmed with other exercises in the series

Palpations/Physical Corrections

- Leg Positioning #3: Guiding Leg Height and Position
- Leg Positioning #4: Turning the Leg Out from the Hip Joint
- Scapula Setting #1: In Between the Shoulder Blades
- Arm Positioning #3: Relocation of Humerus
- Gluteal Activation #1: Gluteus Medius
- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Lumbar Spine Positioning #2: Side Lying on the Elbow

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Circles (On the Elbow)

Intensity=2 Difficulty=2.5

Cueing Formula

Exercise Tip: Use arm gestures to mimic the leg movement and enhance your clients' understanding of the movement.

Note, you can change the direction of the circles as a challenge.

Name of Exercise

"Circles on the Elbow"

What and/or Where it Works

"This works the buttock muscles"

Set Up



"Lying on the side propped up on the elbow, elbow directly under the shoulder. Feet back in line with the body. One long line between the elbow, hip and foot. Lift up through the side of the waist to create a neutral spine, body facing square to the front. Top hand on the hip, shoulder blade down and back, T-Zone tight."

Breathing and Movement



"INHALE, T-Zone, then start to circle the leg"

"EXHALE, for a few circles"

"INHALE, for a few circles"

Permission to Continue

- "Keep circling the leg and…"

Concentration Points

- "Reach through the toes, leg straight and at hip height back in line with the body"***
- "Keep the pelvis and back still, no rocking or moving the hips"***
- "Abdominals tight to keep the body still"***
- "Squeeze the buttock to perform the movement – use the buttock and not the thigh"***
- "Initiate the circling from the hip not the knee or the ankle, or the back or pelvis"***
- "Keep the knee facing forward, don't let the leg roll in toward the floor or drop below hip height"***
- "Only make the circles as big as you can without moving the body"***
- "Maintain the T-Zone – draw the top hip toward the bottom hip along the horizontal line"***
- "Neutral spine – keep the ribs toward the hips so that there is no arching through the lower back and lift up through the underneath side of the waist so that the body isn't sagging"***
- "Keep the spine and pelvis completely still – no movement through the waist"***
- "Elbow underneath the shoulder, shoulders down and back, chin tucked in, neck long"***

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- "You can place your top hand on the top hip and press it away from your shoulder to keep the gap between the waist and the floor"

To Make it Easier

- "Don't lift the leg quite so high"
- "Stop, rest, reset and squeeze the buttock if you feel the thigh taking over"

To Make it Harder

- "Raise the leg a little higher (as high as possible without hitching the top hip up toward the shoulder and losing the gap between the waist and the floor)"
- "You can also extend the bottom leg straight in line with the body rather than having it bent"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- When lifting the leg – collapsing through the side of the waist and losing the gap between the waist and the floor, letting the top hip hitch up toward the shoulder
- When taking the leg back – losing the neutral spine and arching the back
- Losing the T-Zone and rocking the pelvis backward and forward
- Not taking the leg back or high enough, or rotating the kneecap toward the floor
- Using the thigh rather than the buttock
- Not fully straightening the knee and reaching through the toes – reaching through the toes makes it less likely to hitch the top hip/lose the gap between the waist and the floor
- Sagging through the waist and lowering the body toward the floor
- Hunching the shoulder
- Not keeping the elbow under the shoulder
- Not keeping the neck neutral – holding the head up too high, dropping the head down or forward

Encourage and Inspire

- "Don't give up! Just a few more circles!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, for a few circles"
- "EXHALE, for a few circles"

Ending the Exercise

- "…and rest"

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Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Clam Kickout 1 (On the Elbow)
- MATWORK PREREQUISITES: Circles

Muscles and Movements

Target Muscles

- Gluteus Medius, Gluteus Minimus, Gluteus Maximus to raise/circle the leg (hip abduction)

Accessory Muscles

- Quadriceps to straighten the knee (knee extension) - but try not to focus on using this too much, focus on the buttock muscles extending the hip
- Latissimus Dorsi to help hold the body up

Stabilising Muscles

- T-Zone to stabilise the lower back and stop the hips from rocking backward
- Internal and External Obliques and Rectus Abdominus to prevent the lower back from arching
- Gluteus Medius, Gluteus Minimus, Gluteus Maximus, Piriformis and Deep Hip Rotators to hold the underneath leg stable
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Rotator Cuff to stabilise the shoulder joint
- Deep Neck Flexors the keep the chin tucked in (upper cervical flexion)

Injuries/Caution

Hip Pain, SIJ Pain or Pubic Bone Pain

- Ensure that the T-Zone and abdominals are switched on
- Watch out for the Tensor Facia Latae (TFL) or the Piriformis taking over and doing the work instead of the Deep Hip Rotators. Palpation may be required to feel for this
- Make sure that the circling leg isn't in front of the body, keep it back in line with the body
- If the underneath hip is hurting, extend the underneath leg straight in line with the body rather than keeping the leg bent
- If pain persists, perform the exercise in side lying, the head resting on the underneath arm



Modification in Side Lying

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Overactive Quadriceps

- Roll the top hip forward slightly
- Make sure that the leg is back in line with the body
- Use the slower method of getting into the start position by performing Clam Kickout 1 (On the Elbow)
- Point and reach through the toes to help switch off the Quadriceps

Lower Back Pain

- Make sure that the T-Zone stays tight, use the T-Zone to draw the top hip bone across the imaginary horizontal line toward the underneath hip bone
- Keep the pelvis still, spine neutral, maintain the gap between the waist and the floor
- Use the abdominals to prevent the back arching (ribs to hips)
- Squeeze the waist on the underneath side to lift the waist up (rib to hip), don't let it sag down
- Don't let the top hip hitch up toward the shoulder as this activates the lower back muscles (Quadratus Lumborum) rather than the Gluteus Medius
- If pain persists, perform the exercise in side lying, the head resting on the underneath arm

Neck Pain or Shoulder Pain

- Keep the elbow underneath the shoulder
- Shoulder blades down and back, chin tucked in, eyes forward, head in line with the body
- Engage Serratus Anterior – think about lifting the body weight up, off the elbow
- Keep the spine lifted up in a neutral position, don't let it sag through
- If pain persists, perform the exercise in side lying instead

Pregnancy

- Safe to perform throughout pregnancy
- As the belly grows it is difficult to support the spine while propped up on the elbow so it is best to perform the exercise in side lying in the later stages of the second and third trimester

Programming Advice

- A great warm up buttock exercise that most people can do
- Great progression from the Clam Kickout 1 (On the Elbow) – you can even flow two exercises together – on the last repetition of the kickout, hold the leg up and start circling the leg
- You can reverse the direction of the circles
- You may also choose to place the underneath leg down straight in line with the body to challenge your clients

Palpations/Physical Corrections

- Leg Positioning #3: Guiding Leg Height and Position
- Leg Positioning #4: Turning the Leg Out from the Hip Joint
- Scapula Setting #1: In Between the Shoulder Blades
- Arm Positioning #3: Relocation of Humerus
- Gluteal Activation #1: Gluteus Medius

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- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Lumbar Spine Positioning #2: Side Lying on the Elbow

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Bicycles (On the Elbow)

Intensity=3 Difficulty=2.5

Cueing Formula

Exercise Tip: Use arm gestures to mimic the leg movement and enhance your clients' understanding of the movement.

Name of Exercise

"Bicycles on the Elbow"

What and/or Where it Works

"This works the buttock muscles"

Set Up

"Lying on the side propped up on the elbow, elbow directly under the shoulder. Feet back in line with the body. One long line between the elbow, hip and foot. Lift up through the side of the waist to create a neutral spine, body facing square to the front. Top hand on the hip, shoulder blade down and back, T-Zone tight."



Breathing and Movement

"INHALE, bend the knee forward, directly over the bottom leg"



"EXHALE, straighten the leg out in front of the body, flex the foot and…"



"… sweep back in line with the body"



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Permission to Continue

- "Keep going and…"

Concentration Points

- "Really squeeze the buttock to sweep the leg back all the way in line with the body"***
- "Maintain the height of the leg, don't let it drop down lower than hip height"***
- "Prevent the knee from rolling in when the knee bends toward the chest – keep the kneecap facing forward and make sure that the foot is never higher than the knee"***
- "Keep the torso and pelvis completely still"***
- "Only take the leg as far forward as you can without tucking the bottom under – for most of you this will be taking your top knee directly over your bottom leg"***
- "Sweep the leg as far back as possible without arching the lower back"***
- "Flex the foot and really press through the heel to sweep the leg back"***
- "Maintain the T-Zone – draw the top hip toward the bottom hip along the horizontal line"***
- "Neutral spine – keep the ribs toward the hips so that there is no arching through the lower back and lift up through the underneath side of the waist so that the body isn't sagging"***
- "Keep the spine and pelvis completely still – no movement through the waist"***
- "Elbow underneath the shoulder, shoulders down and back, chin tucked in, neck long"***
- "You can place your top hand on the top hip and press it away from your shoulder to keep the gap between the waist and the floor"
- "Keep the body and pelvis completely still"

To Make it Easier

- "Make the bicycles smaller"

To Make it Harder

- "Make the bicycles bigger, bringing the knee closer to the chest" (but keep the bottom poking out)

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Collapsing through the side of the waist and hitching the top hip up toward the shoulder
- When taking the leg back – losing the neutral spine and arching the back
- When taking the leg forward – bringing it too far forward, tucking the pelvis under (most people will not be able to take their knee any further forward than their other knee without tucking the pelvis under due to tightness in the Hamstrings or poor stability/control)
- Not fully straightening the knee before sweeping back, and not sweeping the leg all the way back in line with the body (this is usually because clients try to mimic the action of actually riding a bike, which is a slightly different movement)
- Not lifting the leg high enough – it needs to be at hip height or slightly higher, kneecap facing forward
- Rolling the knee in toward the floor
- Pointing the foot rather than flexing it as the leg sweeps back – flexing the foot encourages full hip extension, pointing it can cause Calf and foot cramps

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- Sagging through the waist and lowering the body toward the floor
- Hunching the shoulder
- Not keeping the elbow under the shoulder
- Not keeping the neck neutral – holding the head up too high, dropping the head down or forward

Encourage and Inspire

- "Great Bicycles everyone, keep on cycling!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, bend the knee forward"
- "EXHALE, straighten the knee and sweep the leg back"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Clam Kickout 1 (On the Elbow)
- MATWORK PREREQUISITES: Bicycles

Muscles and Movements

Target Muscles

- Gluteus Medius, Gluteus Minimus, Gluteus Maximus hold the leg up at hip height (hip abduction) and prevent the knee from rolling in (hip external rotation)
- Gluteus Maximus to sweep the leg back in line with the body (hip extension)

Accessory Muscles

- Deep Hip Rotators and Piriformis to stop the knee from rolling in (hip external rotation)
- Latissimus Dorsi to help hold the body up

Stabilising Muscles

- T-Zone to stabilise the lower back and stop the hips from rocking backward
- Internal and External Obliques and Rectus Abdominus to prevent the lower back from arching
- Gluteus Medius, Gluteus Minimus, Deep Hip Rotators on the underneath leg to keep it stable
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

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- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Rotator Cuff to stabilise the shoulder joint
- Deep Neck Flexors the keep the chin tucked in (upper cervical flexion)

Injuries/Caution

Hip Pain, Hip Clicking, SIJ Pain, Pubic Bone Pain or Overactive Hip Flexors

- Make sure that the top leg is up at least at hip height and not lower otherwise the TFL and Gluteus Medius tendons can click over the hip bone (Greater Trochanter) and cause pain
- Keep the range of movement of the bicycles smaller
- Watch out for the Tensor Facia Latae (TFL) or the Piriformis taking over and doing the work instead of the Deep Hip Rotators. Palpation may be required to feel for this
- Really focus on using the buttocks to do the work, squeeze the buttocks
- Keep the knee facing forward, don't let the kneecap roll down and face toward the ground; the knee should never be lower than the foot
- If pain persists, perform the exercise in side lying, the head resting on the underneath arm



Modification in Side Lying

Lower Back Pain

- Make sure that the T-Zone stays tight, use the T-Zone to draw the top hip bone across the imaginary horizontal line toward the underneath hip bone
- Keep the pelvis still, spine neutral, maintain the gap between the waist and the floor
- Make sure that the pelvis isn't tucking under and the lower back isn't arching or moving
- Don't take the top leg as far forward or backward
- If pain persists, perform the exercise in side lying, the head resting on the underneath arm

Sciatica

- Avoid sweeping the leg too far forward as this places the body in a neural tension position

Neck Pain or Shoulder Pain

- Keep the elbow underneath the shoulder
- Shoulder blades down and back, chin tucked in, eyes forward, head in line with the body
- Engage Serratus Anterior – think about lifting the body weight up, off the elbow
- Keep the spine lifted up in a neutral position, don't let it sag through
- If pain persists, perform the exercise in side lying instead

Programming Advice

- This is a really tough buttock exercise as it goes through a large range of motion and uses all of the buttock muscles – great for a hard workout

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- People generally find it difficult to keep their pelvis still in this exercise – a hand on the hip helps them to self-monitor their pelvic position
- Not the best exercise for clients with hip pain or quite weak buttock muscles

Palpations/Physical Corrections

- Leg Positioning #3: Guiding Leg Height and Position
- Leg Positioning #4: Turning the Leg Out from the Hip Joint
- Scapula Setting #1: In Between the Shoulder Blades
- Arm Positioning #3: Relocation of Humerus
- Gluteal Activation #1: Gluteus Medius
- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Lumbar Spine Positioning #2: Side Lying on the Elbow

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STRETCHING SERIES

Cat Stretch

Intensity=1 Difficulty=1

Cueing Formula

Name of Exercise

"Cat Stretch"

What and/or Where it Works

"Stretches the spine and shoulder blade muscles"

Set Up

"Kneel on all fours, hands under the shoulders, knees under the hips. Neutral spine, shoulder blades down and back, upper back up against the shoulder blades. Chin tucked in and neck long."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, tuck the Pubic Bone toward the belly button, round the spine up toward the ceiling, tuck the chin in and look back toward the thighs, stretching the spine"



"INHALE, lower your chest through toward the mat, eyes looking forward and arching the upper back and lower back"



Permission to Continue

- "Keep going and…"

Concentration Points

- "Use the abdominals to round the back up toward the ceiling"***
- "As you round the spine, separate the shoulder blades to further stretch the upper back"***
- "Draw the belly button in toward the spine and tuck the tailbone to increase the stretch"***

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- "As you arch through the back, draw the shoulder blades down and back and really extend through the upper back, looking forward"***
- "Keep the hips above the knees the whole time, don't transfer the body weight forward or backward - use the pelvic tilt to arch/round the back"
- "Keep the T-Zone and abdominals tight to support the lower back"
- "Feel it stretching through the spine as you either round or arch your back"
- "When rounding your spine up, let your head relax, releasing the back of your neck – do not force your chin to your chest"

To Make it Easier

- "Keep the movement smaller"

To Make it Harder

- "Round the spine up further to increase the stretch"
- "Arch the back further to increase the stretch"
- "Hold each of the stretch positions for longer and stretch a little further"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not having the hands directly under the shoulders, knees under the hips
- Only rounding or arching the lower back or neck rather than the whole spine, including the upper back
- Hunching the neck and shoulders
- Locking the elbows, winging the shoulder blades
- Letting the hips move forward and backward – hips not staying directly above the knees
- Not engaging the abdominals and letting the belly sag toward the floor
- Poking the chin out when arching the back – even though the neck is extending, keep the chin tucked in

Encourage and Inspire

- "Wonderful everyone"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, round the spine up toward the ceiling, eyes on the thighs"
- "INHALE, sink the spine through toward the floor, arching the back, eyes looking forward"

Ending the Exercise

- "… and coming back into a neutral position and rest"

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Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Serratus Anterior Activation, Oblique Activation Exercise

Muscles and Movements

Target Muscles

- Stretches the Erector Spinae, Rhomboids and Middle Trapezius muscles as the back rounds up toward the ceiling

Stabilising Muscles

- T-Zone and Obliques to stabilise the lower back and stop it from hyperextending
- Serratus Anterior to prevent the shoulder blades from winging (Scapula protraction)
- Rotator Cuff to stabilise the shoulder joints
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck Flexors to keep the chin tucked in and the neck long

Joint Mobility

- Increases spinal range of movement into flexion and extension (cervical, thoracic and lumbar)
- Increases shoulder protraction range of movement

Injuries/Caution

Upper Back Pain, Lower Back Pain or Lumbar Disc Injuries

- Avoid for a lumbar spine Disc Bulge as this exercise involves flexion – or modify the exercise to go from the start position, to the spinal extension, back to the start position, avoiding the flexion component of the exercise
- This exercise requires the spine to be in end ranges of flexion and extension – some clients' spines may just not like being in either of these positions. Check with your clients what they are feeling in their spine – they should feel a stretch, but no pain
- Decrease the range of both the flexion and extension components of the stretch
- Discontinue the exercise if pain persists

Wrist Pain

- Make sure that the wrists are not too extended – press more through the fingers and palm of the hand rather than through the heel of the hand
- Try placing more weight through the legs and less weight through the hands
- Try coming up onto the fists or the fingertips

Shoulder Pain

- Try with the hands wider apart on the mat

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- Focus on keeping the shoulder blades down and back
- Keep the spinal movements smaller

Neck Pain or Cervical Disc Injuries

- Avoid for a cervical spine Disc Bulge as this exercise involves flexion – or modify the exercise to go from the start position, to the spinal extension, back to the start position, avoiding the flexion component of the exercise
- This exercise requires the neck to be in end ranges of flexion and extension – some clients' spine may just not like being in either of these positions. Check with your clients as to what they are feeling in their spine – they should feel a stretch, but no pain
- Decrease the range of movement of both flexion and extension
- Keep the chin tucked in at all times, and make sure that the neck is following the line of the body and not flexing or extending too much ie. don't tuck the chin right into the chest when flexing, don't look up too high when extending
- Focus on the shoulder blades drawing down and back, not hunching up toward the ears

Pregnancy

- This exercise is safe to perform throughout pregnancy as long as the client feels comfortable
- Later in pregnancy the stomach will prevent too much flexion, so it is best to reduce the range of motion to what feels comfortable

Programming Advice

- This is a great warm up exercise to do at the beginning of the class to mobilise the spine as it doesn't involve any prolonged stretching
- A good exercise to do before any exercises which involve either a lot of spinal flexion or extension as it can increase the range of movement prior to performing such exercises
- If a client is struggling with the movements, omit the breathing pattern and just focus on the movements whilst breathing naturally

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Arm Positioning #1: Guiding Arm Position and Movement
- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #4: Serratus Anterior
- Pelvic Positioning #4: Four Point Kneeling

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Thread the Needle

Intensity=1 Difficulty=1

Cueing Formula

Name of Exercise

"Thread the Needle"

What and/or Where it Works

"This stretches the upper back and shoulders"



Set Up

"Kneeling on all fours, knees under hips, hands under shoulders. Shoulders down and back, chin tucked in, neutral spine."

Breathing and Movement

"INHALE, T-Zone"



"EXHALE, raise one hand and thread the arm under the body, reaching out past the supporting arm, palm facing up. Bend the supporting elbow, rotate the spine and allow the shoulder to follow through"

Permission to Continue

- "Keep going, hold this position for 6 -10 breaths and…"

Concentration Points

- "Really reach through the fingers and rotate the spine as far as possible"***
- "Allow the shoulder to follow the body's rotation"***
- "Chin tucked in, eyes looking past the fingers of the stretching hand"***
- "Use the abdominals to rotate the upper body, keeping the pelvis still"***
- "Only rotate as far as you can keeping the pelvis still"***
- "Bend the supporting arm slightly to gain more range of movement"
- "Keep the knees directly over the hips, try not to lean the body over to the side"

To Make it Easier

- "Don't rotate quite as far"

To Make it Harder

- "Rotate as far as you can without rotating your pelvis"

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- "Bend your supporting arm to stretch further"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Letting the pelvis lean or twist to one side
- Poking the chin out and not looking past the fingers
- Hunching the shoulders, tensing the neck

Encourage and Inspire

- "That's great rotation everyone!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, T-Zone"
- "EXHALE, rotate the body, reach further and stretch more"

Ending the Exercise

- "Return the hand back in, rotate to face the floor and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Serratus Anterior Activation Exercise

Muscles and Movements

Target Muscles

- Stretches the Rhomboids, Rotator Cuff and upper back

Accessory Muscles

- Internal and External Obliques to rotate the torso (thoracic rotation)
- Triceps to control the bending of the supporting arm (eccentric elbow flexion)

Stabilising Muscles

- Serratus Anterior to prevent the scapula winging/the upper body sagging through the shoulder blade (Scapula protraction and lateral rotation)
- Rotator Cuff to stabilise the shoulder joints
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- T-Zone to stabilise the lower back and stop the hips from rocking

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- Gluteus Medius and Minimus to stabilise the pelvis and prevent the pelvis from rocking

Joint Mobility

- Increases thoracic rotation range of movement

Injuries/Caution

Lower Back Pain or Lumbar Disc Injuries

- For clients with a lumbar spine Disc Bulge (or anyone who feels lower back with this exercise) keep the supporting arm straight and don't rotate as far – only rotate the upper back
- Keep the T-Zone tight, make sure that the lower back is not arching and keep the pelvis still
- If pain continues, discontinue the exercise

Upper Back Pain

- Clients may feel a stretch through the upper back, but should not feel any pain
- Avoid for clients with a thoracic Disc Bulge (these are extremely uncommon)
- Do not rotate as far or discontinue the exercise

Knee Pain

- Ensure that there is enough padding under the knees
- If a client cannot kneel comfortably, discontinue the exercise

Neck Pain

- Check that the neck is following the line of the upper back
- Try tucking the chin in a little more to see if this helps
- Keep the eye gaze on the hand as it reaches under the body

Shoulder Pain

- Don't thread the arm as far under the body
- Once in the position for the stretch, turn the palm to face up – this can take pressure of the shoulder

Vertigo or Dizziness

- This exercise is not recommended for those with vertigo or dizziness
- Limit the range of movement through the neck and keep the eye gaze on the hand as it reaches under the body

Pregnancy

- Can be performed in the first and second trimesters
- The belly will get in the way in the third trimester

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Programming Advice

- A great exercise for increasing spinal rotation and stretching the upper back
- Also, a great exercise for increasing shoulder range of motion
- A great exercise to perform after working the upper back in the Prone Lying Series

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Arm Positioning #1: Guiding Arm Position and Movement
- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #4: Serratus Anterior
- Thoracic Spine Positioning # 5: Rotation
- Pelvic Positioning #4: Four Point Kneeling

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Lying Torso Stretch 1 (Arm Opening)

Intensity=2 Difficulty=2

Cueing Formula

Exercise Tip: This exercise feels more comfortable when placing a small cushion or rolled up towel under the head. You can perform the exercise without this, but this can be uncomfortable for the neck.

Name of Exercise

"Lying Torso Stretch with the Arm Opening"

What and/or Where it Works

"Stretches the spine and chest"

Set Up

"Lying on the side with the underneath leg straight in line with the body, top leg bent in front with the foot touching the knee of the straight leg. Arms straight out in front of the shoulders, palms together. Reach the top hand further forward just past the other hand, the body will roll forward slightly. Press the knee into the mat. Neutral spine, shoulders down and back, T-Zone tight."



Breathing and Movement

"INHALE, open the top arm toward the ceiling"



"EXHALE, continue to open the arm and rotate the upper body, keeping the pelvis still and the knee on the mat"



"INHALE, return the hand to the ceiling, palm facing forward"



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"EXHALE, lower the hand over the other hand, and reach the fingers forward"

Permission to Continue

- "Keep going and…"

Concentration Points

- "Initiate the rotation from the ribcage, moving from the waist - don't just move the arm, rotate the spine"***
- "Think about rotating the spine one vertebra at a time, so that you feel the stretch through the whole spine"***
- "As you rotate, think about taking the shoulder blade toward the floor as far as possible"***
- "As you stretch forward, reach through the fingers, stretching the back of the shoulder"***
- "When you take the arm to vertical, the spine stays still"***
- "As you rotate the spine, the head follows, keeping the chin in line with the chest"***
- "Keep the pelvis and legs still as you rotate, top knee pressing into the mat"***
- "Shoulder blades down and back, neck and head in line with the rest of the body"***
- "Keep the T-Zone and abdominals tight to keep the pelvis still"
- "Turn your head as your spine rotates"

To Make it Easier

- "Don't rotate as far"

To Make it Harder

- "Rotate further"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Just moving the arm without rotating the spine/upper body
- Opening the arm too wide and popping the shoulder joint forward
- Hunching the shoulders
- Not keeping the neck and head facing the same way as the rest as the spine
- Poking the chin forward
- Not engaging the abdominals and letting the T-Zone go, pelvis rocking
- Allowing the knee to lift off the mat or the pelvis to rock backward

Encourage and Inspire

- "Excellent technique!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, arm to the ceiling"
- "EXHALE, rotate the spine back and reach"
- "INHALE, arm to the ceiling, face the front"
- "EXHALE, arm reaches forward"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: T-Zone Activation Exercise, Chest Stretch

Muscles and Movements

Target Muscles

- Stretches the Pectoralis Major, Pectoralis Minor, Biceps, Posterior Shoulder and Rhomboids

Accessory Muscles

- Internal and External Obliques to rotate the body (thoracic rotation)
- Deltoids to open the arm (shoulder horizontal abduction)
- Pectoralis Major to return the arm (shoulder horizontal adduction)

Stabilising Muscles

- Transversus Abdominus to stabilise the lumbar spine
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Rotator Cuff to stabilise the shoulder joints
- Multifidus to stabilise the lower back

Joint Mobility

- Increases thoracic rotation range of movement

Injuries/Caution

Shoulder Pain

- This can be a tough exercise for clients with shoulder pain

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- Don’t open the arm as wide, and make sure that you rotate the spine rather than just moving the arm – focus on drawing the shoulder blade toward the mat rather than reaching the arm
- Keep the shoulder blade down and back
- If pain persists, discontinue the exercise
- For clients who are less flexible, the arm may be left hanging in the air rather than reaching the floor, which is a vulnerable position for the shoulder
- To enable the arm to reach the floor, you can allow the knee to lift or place a block, cushion or rolled up towel under the knee



Modification with Cushion Under Knee

Upper Back Pain

- You should feel it stretching the upper back, but shouldn’t feel pain
- Don’t rotate as far
- Discontinue the exercise if pain persists

Lower Back Pain

- Keep the pelvis still and the knee on the mat
- Don’t rotate as far
- Keep the T-Zone tight and the abdominals on to support the spine
- Discontinue the exercise if pain persists
- Try performing the exercise with both legs bent to 90 degrees as this helps to prevent the lower back rotating as much – ensure that the knees stay glued together and focus on rotating from the mid back not the lower back



Modification with Legs at 90 Degrees

Lumbar Disc Injuries

- This exercise involves rotation, so caution is required
- Perform the variation with both legs bent to 90 degrees as this helps to prevent the lower back rotating as much – ensure that the knees stay glued together and focus on rotating from the mid back not the lower back
- If pain persists, discontinue the exercise

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Neck Pain

- Make sure that you have a small pillow or rolled up towel under the head
- Keep the chin tucked in at all times, and make sure that the neck is following the line of the body – you should be looking to the side as you rotate
- Focus on the shoulder blades drawing down and back, not hunching up toward the ears

Poor Flexibility

- Clients with poor hip flexibility or mobility may struggle to place their leg in this position
- Try with both knees bent to 90 degrees
- Try with a cushion or rolled up towel/foam roller under the knee

Pregnancy

- Safe to perform in the first trimester of pregnancy

Programming Advice

- This is a client favourite and feels really nice to stretch out the spine
- This is a great warm up exercise to do at the beginning of the class to mobilise the spine
- Works well when performed prior to harder rotation exercises and stretches such as Saw and Spine Twist

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Arm Positioning #1: Guiding Arm Position and Movement
- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #3: From the Front of the Shoulder
- Thoracic Spine Positioning #6: Rotation

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Lying Torso Stretch 2 (Arm Circling)

Intensity=3 Difficulty=3

Cueing Formula

Exercise Tip: This exercise feels more comfortable when placing a small cushion or rolled up towel under the head. You can perform the exercise without this, but this can be uncomfortable for the neck.

Name of Exercise

"Lying Torso Stretch with the Arm Circling"

What and/or Where it Works

"Stretches the mid and upper back, chest and shoulder"

Set Up

"Lying on the side with the underneath leg straight in line with the body, the top leg bent to 90 degrees so that it is resting on the mat in front, the heel touching the knee of the straight leg. Arms straight out in front of the shoulders, palms together. Reach the top hand further forward just past the other hand, the body will roll forward slightly. Press the knee into the mat. Neutral spine, T-Zone tight."



Breathing and Movement

"INHALE, scrape the floor with the fingers as you circle the top arm overhead"



"EXHALE, continue to circle the arm behind the body, palm up, and rotate the upper body backward, rotating the armpit toward the ceiling, keeping the pelvis still and the knee on the mat"



"INHALE, circle the arm over the legs"



"EXHALE, complete the circle and return the arm to the start position, reaching forward"



Permission to Continue

- "Keep going and…"

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Concentration Points

- "As the arm moves overhead, scrape the floor with the fingers, keeping the palm down"***
- "As you circle the arm behind, turn the palm up and try to keep the back of the hand on the floor and the knee on the mat – if you can't do this, allow the hand to hover off the floor"***
- "Initiate the rotation from the ribcage, moving from the waist - don't just move the arm, rotate the spine"***
- "As you rotate, think about taking the shoulder blade toward the floor as far as possible"***
- "As you stretch forward, reach through the fingers, stretching the back of the shoulder"***
- "Shoulder blades down and back, neck and head in line with the rest of the body"***
- "Keep the T-Zone and abdominals tight to keep the pelvis still"
- "Turn your head as your spine rotates"

To Make it Easier

- "Don't rotate as far, and hover the hand off the floor as it circles behind you"

To Make it Harder

- "Rotate the body further and keep the hand scraping the floor as it circles behind you
- "If you feel a particular point during the stretch where the muscles feel tight, stay in that position for several seconds to release the tension before continuing"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Just moving the arm without rotating the spine/upper body
- Opening the arm too wide and popping the shoulder joint forward
- Hunching the shoulders
- Not keeping the neck and head facing the same way as the rest as the spine
- Poking the chin forward
- Not engaging the abdominals and letting the T-Zone go, pelvis rocking
- Allowing the knee to lift off the mat or the pelvis to rock backward

Encourage and Inspire

- "Excellent technique!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, scrape the fingers along the floor, arm overhead"
- "EXHALE, circle the arm behind and rotate the spine"
- "INHALE, arm over the legs"
- "EXHALE, arm reaches forward"

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Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Lying Torso Stretch 1 (Arm Opening)

Muscles and Movements

Target Muscles

- Stretches the Pectoralis Major, Pectoralis Minor, Biceps, Latissimus Dorsi, Posterior Shoulder and Rhomboids

Accessory Muscles

- Internal and External Obliques to rotate the body (thoracic rotation)
- Deltoids to open the arm (shoulder horizontal abduction)
- Pectoralis Major to return the arm (shoulder horizontal adduction)

Stabilising Muscles

- Transversus Abdominus to stabilise the lumbar spine
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Rotator Cuff to stabilise the shoulder joints
- Multifidus to stabilise the lower back

Joint Mobility

- Increases thoracic rotation range of movement
- Increases Scapula protraction and retraction range of movement

Injuries/Caution

Shoulder Pain

- Avoid this exercise for clients with shoulder pain
- Try Lying Torso Stretch 1 (Arm Opening)

Upper Back Pain

- You should feel it stretching the upper back, but shouldn't feel pain
- Don't rotate as far
- Discontinue the exercise if pain persists

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Lower Back Pain

- Keep the pelvis still and the knee on the mat
- Don't rotate as far
- Keep the T-Zone tight and the abdominals on to support the spine
- Discontinue the exercise if pain persists
- Try performing the exercise with both legs bent to 90 degrees as this helps to prevent the lower back rotating as much – ensure that the knees stay glued together and focus on rotating from the mid back not the lower back



Modification with the Legs at 90 Degrees

Lumbar Disc Injuries

- Avoid this exercise as it involves rotation
- Perform Lying Torso Stretch 1 (Arm Opening) with both legs bent to 90 degrees as this helps to prevent the lower back rotating as much – ensure that the knees stay glued together and focus on rotating from the mid back not the lower back
- If pain persists, discontinue the exercise

Neck Pain

- Make sure that you have a small pillow or rolled up towel under the head
- Keep the chin tucked in at all times, and make sure that the neck is following the line of the body – you should be looking to the side as you rotate
- Focus on the shoulder blades drawing down and back, not hunching up toward the ears

Poor Flexibility

- Clients with poor hip flexibility or mobility may struggle to place their leg in this position
- Try with both knees bent to 90 degrees
- Try with a cushion or rolled up towel/foam roller under the knee



Modification with Cushion Under Knee

Pregnancy

- Safe to perform in the first trimester of pregnancy

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Programming Advice

- This is a progression of Lying Torso Stretch 1 (Arm Opening) and it works well to perform the two exercises one after the other
- In a group class, you may wish to give your more flexible clients this version while your stiffer clients stick to the arm opening variation
- Is a great stretch for the upper back and shoulder and really helps to increase flexibility

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Arm Positioning #1: Guiding Arm Position and Movement
- Scapula Setting #1: In Between the Shoulder Blades
- Scapula Setting #3: From the Front of the Shoulder
- Thoracic Spine Positioning #6: Rotation

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Kneeling Hip Flexor Stretch + Arm Overhead

Intensity=3 Difficulty=2.5

Cueing Formula

Name of Exercise

"Kneeling Hip Flexor Stretch with the Arm Overhead"

What and/or Where it Works

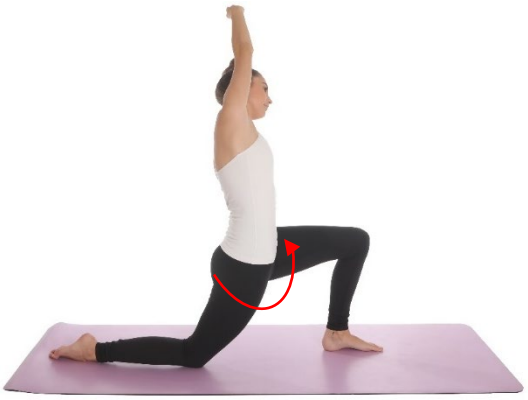
"This stretches the front of the hip and thigh and the side of the body"



Set Up

"Kneeling on the left knee, with the right foot placed in front on the mat. Legs hip distance apart, place the hands on the hips, pelvis square to the front, belt line parallel to the floor. Neutral spine."

Breathing and Movement



"INHALE, T-Zone"

"EXHALE, tuck the Pubic Bone up toward the belly button, tucking the bottom under and lunge forward slightly. Raise the left arm overhead, reaching up and across the body"

Permission to Continue

- "Hold this position and…"

Concentration Points

- "Every time you INHALE, tighten the T-Zone more, every time you EXHALE, tuck the Pubic Bone toward the belly button even more"***
- "Use the abdominals to tuck the bottom under to feel the front of the thigh stretching"***
- "Reach the arm up toward the ceiling and across the body slightly to stretch into the hip"***
- "Keep the abdominals tight so there is no arching in the lower back"***
- "Keep the hips square to the front and belt line parallel to the floor"***
- "Don't lunge too far forward, it is more about the tuck than the lunge"***
- "Keep the front knee facing straight forward over the second and third toes"***
- "Draw the shoulders down and back, chin tucked in, lengthen through the neck"

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To Make it Easier

- "Don't lunge forward or tuck the bottom under quite as far"
- "Don't reach the arm up as much or lean over as far"

To Make it Harder

- "Lunge the body further forward over the front leg, but only so far that you can keep the pelvic tilt"
- "Tuck the bottom under further"
- "Really reach the arm up and across"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Lunging too far forward, arching the lower back and losing the tuck of the pelvis
- Not keeping the length through the spine as you reach over
- Rotating the pelvis or shoulders/not keeping it square to the front
- Letting one hip drop (usually the side with the knee on the floor drops)
- Not reaching up and across enough
- Hunching the shoulder
- Not keeping the head in line with the body
- Poking the chin out

Encourage and Inspire

- "Fantastic, you should really feel the front of the hip stretching!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, T-Zone, tuck the bottom under"
- "EXHALE, keep the tuck, lunge a little further and reach up and across with the arm more"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITIES: Kneeling Hip Flexor Stretch

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Muscles and Movement

Target Muscles

- Stretches the Hip Flexor muscles (in particular the Psoas)

Accessory Muscles

- Rectus Abdominus and Internal and External Obliques to tuck the pelvis under and prevent the lower back from arching (posterior pelvic tilt and lumbar spine flexion)
- Deltoid to hold the arm overhead (shoulder flexion)

Stabilising Muscles

- T-Zone to stabilise the lumbar spine
- Gluteus Medius of the front leg to stabilise the pelvis and prevent the knee from rolling in
- Vastus Medialis Oblique (VMO) to stabilise the kneecap
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Rotator Cuff to stabilise the shoulder joints

Joint Mobility

- Increases hip extension range of movement

Injuries/Caution

Lower Back Pain

- For clients with back pain, watch their technique carefully
- Make sure that the pelvic tilt is correct and the abdominals are tight, the pelvis and hips are in alignment and there is no arch in the lower back
- If the Quadriceps or Hip Flexors are too tight, the client may not be able to stop the lower back arching, if this is the case simply do not lunge as deep or reach the arm overhead as far
- If pain persists, perform Kneeling Hip Flexor Stretch with both hands on the hips instead



Modification with Both Hands on the Hips

Knee Pain

- Try to play around with the knee position, place some padding underneath the knee

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- Stretching the Hip Flexors can help knee pain, however if client's knee is sore whilst kneeling try placing more padding underneath the knee or changing the knee position slightly. If kneeling is too uncomfortable then stretch the Hip Flexors a different way ie. standing up instead of kneeling



Modification in Standing

Neck Pain or Shoulder Pain

- Relax the shoulders and neck, shoulder blades down and back, chin gently tucked in
- Don't let the arm move behind the body and don't reach as far across the body
- Omit the arm movement and perform a Kneeling Hip Flexor Stretch with both hands on the hips instead

Pregnancy

- Safe to perform in all three trimesters of pregnancy

Programming Advice

- This is a great stretch for any clients with a lumbar Lordosis, however watch that they do not arch their lower back throughout the stretch
- Useful for anyone who feels tight in their Hip Flexors with abdominal exercises in tabletop position
- Performing this stretch at the start of a class may help clients to not arch their lower back during exercises
- Works well in a group class to have some clients perform this exercise while the lower level clients perform the easier variation without the arm moving overhead ie. Kneeling Hip Flexor Stretch with both hands on the hips

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #6: Posterior Pelvic Tilt
- Arm Positioning #1: Guiding Arm Position and Movement
- Pelvic Positioning #8: Preventing the Pelvis from Rocking

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Mermaid Stretch + Lift

Intensity=3 Difficulty=2.5

Cueing Formula

Exercise Tip: This exercise differs to Mermaid Stretch on the mat in that you are using the opposite arm and leaning in the opposite direction.

This exercise is best taught with the clients performing the exercise with you as you demonstrate.

As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the exercise Set Up rather than in the Breathing and Movement.

Name of Exercise

"Mermaid Stretch with a Lift"

What and/or Where it Works

"This stretches down the side of the body and the front of the thigh"

Set Up

"Sitting with the legs folded to the right side, the right leg out to the side on the floor, the left leg folded in front of the body with the foot resting against the right knee. Right hand on the right ankle, left hand on the floor next to the thigh. Shoulders down and back, lengthen through the crown of the head. Neutral spine, T-Zone."



Breathing and Movement

"INHALE, squeeze the buttocks, press through the knees, lift the hips up and reach the right arm up overhead"



"EXHALE, stretch and reach the arm over to the side as far as possible, reaching through the fingertips"



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"INHALE, bring the arm overhead, fingers to the ceiling"



"EXHALE, lower the hips and return the hand to the ankle"



Permission to Continue

- "Hold this position and…"

Concentration Points

- "Reach up through the fingertips and squeeze the underneath side of the waist to lengthen through the top side of the waist"***
- "Press through the knees and hand evenly"***
- "Squeeze the buttocks to press the hips forward and sure that that the hips are all the way forward in line with the knees"***
- "Tuck the Pubic Bone toward the belly button and draw the ribs toward the hips to stop the lower back from arching"***
- "Keep the pelvis and shoulders facing as square to the front"***
- "Supporting elbow unlocked, shoulder blades down and back, palm facing down"***
- "Focus on keeping the T-Zone tight to maintain balance"

To Make it Easier

- "Don't reach over as far"

To Make it Harder

- "Lean over further and reach through the fingertips, really lengthening through the top side of the waist"
- "Press the hips further forward"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Hunching the shoulders

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- Locking the elbow
- Rotating the hips or shoulders
- Not pressing the hips far enough forward/sticking the bottom out
- Arching the lower back/flaring the ribs
- Reaching over the wrong way with the wrong arm

Encourage and Inspire

- "This one should feel really nice, stretching through the side of the waist!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, raise the hips and take the arm overhead"
- "EXHALE, reach over"
- "INHALE, return the arm overhead"
- "EXHALE, lower the hips and the hand"

Ending the Exercise

- "… INHALE raise the arm toward the ceiling and EXHALE lower the pelvis and place the hand back onto the ankle to rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Mermaid Stretch
- MATWORK PROGRESSIONS PREREQUISITES: Kneeling Hip Flexor Stretch + Arm Overhead

Muscles and Movements

Target Muscles

- Stretches the Latissimus Dorsi, Quadratus Lumborum, Vastus Lateralis/ITB and the Hip Flexor muscles (in particular the Psoas and TFL)

Accessory Muscles

- Gluteus Maximus to press the hips forward (hip extension)
- Deltoids to raise the arms (shoulder abduction) and support the body weight
- Triceps to support the arm (isometric elbow extension)
- Internal and External Obliques on the underneath side of the waist to bend the body (lumbar lateral flexion)

Stabilising Muscles

- Internal and External Obliques to prevent the lower back form arching

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- T-Zone to stabilise the spine and prevent the pelvis from rocking or twisting
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Serratus Anterior to stop the Scapulae from winging/the upper body sagging through the shoulder blades (Scapula protraction and lateral rotation)
- Rotator Cuff to stabilise the shoulder joints
- Deep Neck Flexors to keep the chin tucked in and the neck long
- Gluteus Medius to stabilise the underneath hip

Joint Mobility

- Increases lumbar spine and thoracic spine lateral flexion range of movement

Injuries/Caution

Knee or Hip Pain

- Avoid this exercise if the client cannot comfortably sit in this position or weight bear through the knees

Lower Back Pain

- Ask the client where they are feeling this stretch – if they are feeling it in the muscles of their lower back on the side they are meant to be stretching, then this is okay, but if they are feeling it in lumbar spine joints or discs the exercise should be discontinued immediately
- Focus on reaching up with the hand before reaching over to the side as this elongates the spine and stops the joints and discs from compressing
- Don't lean over lean over as far
- Keep the abdominals activated to support the lower back – T-Zone tight, and keep tucking the Pubic Bone toward the belly button and drawing the ribs toward the hips so that the lower back doesn't arch

Neck Pain or Shoulder Pain

- Shoulder pain may be felt in either the moving or supporting arm
- Keep the shoulder blades down and back, chin tucked in and neck following the line of the thoracic spine
- Keep the palm of the hand reaching over facing downward
- Make sure that the supporting arm is directly under the shoulder and the elbow is unlocked
- Engage Serratus Anterior – think about lifting the body weight up, off the hand
- If neck or shoulder pain continues, avoid this exercise

Pregnancy

- Can be performed in the first two trimesters of pregnancy
- In the later stages of pregnancy, it may feel uncomfortable do the belly being unsupported
- Avoid for any pregnant women with pelvic or hip pain

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Programming Advice

- This is a great stretch that stretches down the front and side of the torso and thigh
- Clients need to be flexible in the hips and knees to be able to perform this exercise
- Works when performed after the matwork exercise Mermaid Stretch
- It is easier to teach this exercise by performing the exercise facing the group and having them mirror you, everyone in the group moving in the same direction to avoid confusion
- If lefts and rights are confusing to either you or your clients, use alternate cues
- Hold the stretch for 6-10 breaths
- Once you finish performing the stretch and you lower the pelvis back to the mat, you may wish to reach the left hand up toward the ceiling and reach the arm over to the side to feel the stretch down the left side of the body



Modification Stretching the Other Side of the Body

Palpations/Physical Corrections

- Ab Activation #4: Prone Ab Activation
- Arm Positioning #1: Guiding Arm Position and Movement
- Scapula Setting #1: In Between the Shoulder Blades

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Spine Stretch

Intensity=2 Difficulty=2

Cueing Formula

Exercise Tip: If a client cannot sit up straight with a neutral spine and pelvis, perform the exercise with the legs in a diamond position

Name of Exercise

"Spine Stretch"

What and/or Where it Works

"Stretches the spine and the back of the legs"

Set Up

"Sitting with the legs out straight, slightly wider than hip distance apart, feet flexed. Arms out in front at shoulder height, palms down, shoulder blades down and back, lengthen through the crown of the head. Neutral spine, sitting up straight and tall, like there is a rod behind the spine."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, tuck the chin and roll the spine down one vertebra at a time…"



"… leaning forward and reaching the hands forward"

"INHALE, stretch"



"EXHALE, roll the spine back up to sitting"



Permission to Continue

- "Keep going and…"

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Concentration Points

- "To begin, sit up as tall and straight as possible, lengthening the crown of the head"***
- "Roll down one vertebra at time then lean forward and reach forward"***
- "Keep the arms raised and reach through the crown of the head, fingertips and heels"***
- "Scoop the abdominals and round the spine"***
- "Shoulder blades down and back, chin tucked in"***
- "Feet flexed, reach through the heels"***
- "Keep the T-Zone and abdominals tight to support the lower back"

To Make it Easier

- "Don't roll down or lean forward as far"

To Make it Harder

- "Stretch toward the feet further"
- "Hold the stretch for a few breaths before rolling back up to sitting"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not sitting up tall at the start of the stretch
- Not rolling up and down one vertebra at a time
- Not engaging the abdominals and letting the T-Zone go
- Not reaching through the heels, head and fingertips
- Hunching the neck and shoulders
- Moving the pelvis or legs
- Having the legs too wide
- Letting the arms drop down
- Poking the chin forward or tucking it in too far

Encourage and Inspire

- "That's great!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, roll down and reach"
- "INHALE, stretch"
- "EXHALE, roll up to sitting"

Ending the Exercise

- "…and EXHALE roll back up to sitting, and rest"

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Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Hamstring Stretch, Rolldown Stretch

Muscles and Movements

Target Muscles

- Stretches the Hamstrings, Quadratus Lumborum and Erector Spinae

Accessory Muscles

- Stretches the Adductors (especially if the legs are wider apart)
- Internal and External Obliques to roll the spine down (thoracic and lumbar flexion/rotation)
- Erector Spinae muscles to keep the spine straight when sitting tall, and to roll the spine back up (thoracic and lumbar spine extension)
- Deltoids to hold the arms up (shoulder abduction)

Stabilising Muscles

- Transversus Abdominus to stabilise the lumbar spine
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Rotator Cuff to stabilise the shoulder joints
- Deep Neck Flexors to keep the chin tucked in
- Multifidus to stabilise the lower back

Joint Mobility

- Increases thoracic and lumbar flexion range of movement

Injuries/Caution

Tight Hamstrings or Poor Flexibility

- Stretching the Hamstrings beforehand may help
- If a client cannot sit up straight with a neutral spine and pelvis, and is sinking backward with a posterior pelvic tilt and rounded spine, have them perform the exercise with the legs in a diamond position (knees bent, soles of the feet together and knees open wide)



Modification in Diamond Position

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Upper Back Pain or Lower Back Pain

- Make sure that the client can sit with a neutral spine – if not, use the diamond leg position
- This exercise requires the spine to be in a lot of flexion, and some clients' spine may just not like this position. Check with your clients what they are feeling in their spine – they should feel a stretch, but no pain
- Don't roll down or lean forward as far
- Keep the T-Zone tight and the abdominals on to support the spine
- Discontinue the exercise if pain persists

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid for any Disc Bulge as this exercise involves spinal flexion

Sciatica

- Avoid sitting with the legs out straight as this puts the body in a neural tension position
- Perform the modification with the legs in the diamond position

Shoulder Pain

- Focus on keeping the shoulder blades down and back and reaching through the fingers
- Hold the arms a little lower than shoulder height
- If pain persists, place the hands on the mat and slide them forward from there



Modification with Hands on the Mat

Neck Pain

- Keep the chin tucked in at all times
- Focus on the shoulder blades drawing down and back, not hunching up toward the ears
- If pain persists, perform the exercise with the hands on the mat

Vertigo or Dizziness

- Take care or avoid this exercise if it produces symptoms

Pregnancy

- Safe to perform in the first trimester of pregnancy
- Safe to perform in the second and third trimesters, however the growing belly may get in the way – you may need to open the legs wider to accommodate the belly
- Discontinue if the woman starts to feel uncomfortable later on in the pregnancy

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Programming Advice

- If a client does not sit up tall with a straight spine to begin with, use the diamond leg position
- It can be a good idea to perform two sets of the exercise – the first set with the legs in the diamond position, the second set with the legs out straight
- The straight leg position provides more of a Hamstring stretch; the diamond leg position provides more of an Adductor stretch
- This is a great warm up exercise to do at the beginning of the class to mobilise the spine
- Works well when performed prior to Spine Twist and Saw
- A good exercise to do before any exercises which involve either a lot of spinal flexion and Hamstring flexibility as it can increase the range of movement prior to performing such exercises

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Arm Positioning #1: Guiding Arm Position and Movement
- Scapula Setting #1: In Between the Shoulder Blades
- Lumbar Spine Positioning #3: Sitting

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Spine Twist

Intensity=2 Difficulty=2

Cueing Formula

Exercise Tip: If a client cannot sit up straight with a neutral spine and pelvis, and is sinking backward with a posterior pelvic tilt and rounded spine, allow them to bend their knees slightly.

Note that this exercise contains THREE EXHALE BREATHS. Omitting the breathing on the first rep can help – just describe the movement, then add the three exhale breaths on the next repetition.

Name of Exercise

"Spine Twist"

What and/or Where it Works

"Stretches the spine and the back of the legs"

Set Up

"Sitting with the legs out straight, squeezed together, feet flexed. Arms out to the sides at shoulder height, palms facing down. Neutral spine, sitting up straight and tall, like there is a rod behind the spine. Shoulder blades down and back. Lengthen through the crown of the head, reach through the fingertips and reach through the heels"



Breathing and Movement

"INHALE, T-Zone"

"Rotate the body three times, rotating further with each breath out, EXHALE"



"EXHALE"



"EXHALE"



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"INHALE, rotate to face the front"

"Alternate sides"

Permission to Continue

- "Keep going and…"

Concentration Points

- "Sit up as tall and straight as possible, lengthening through the crown of the head"***
- "Use the abdominals to rotate the spine"***
- "Initiate the movement from the ribcage, moving from the waist - not just the arms"***
- "Keep the pelvis still as you rotate, sitting tall on the sit bones, spine straight, don't lean"***
- "As you rotate, think about turning the shoulder blade back as far back as possible"***
- "Shoulder blades down and back, neck and head in line with the body, eyes look sideways"***
- "You should feel like there is energy through the heels, fingertips and top of the head – keep lengthening and reaching through these, even as you lean forward and stretch"***
- "When sitting up tall, imagine there is a rod up the back of the spine, and that you are sitting with your feet pressed against a wall"***
- "Keep the T-Zone and abdominals tight to support the lower back"

To Make it Easier

- "Don't rotate as far"
- "Omit the three breaths, only rotating once"

To Make it Harder

- "Rotate further"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not sitting up tall when rotating
- Not rotating through the lower back – just rotating the upper body or just moving the arms
- Opening the arms too wide, letting the shoulder/s round forward
- Hunching the neck and shoulders
- Not keeping the neck and head facing the same way as the rest as the spine
- Poking the chin forward
- Not engaging the abdominals and letting the T-Zone go, ribs flaring
- Moving the pelvis or legs
- Not reaching through the heels, head and fingertips

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Encourage and Inspire

- "Looking good!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE-EXHALE-EXHALE, rotate, rotate further, and further"
- "INHALE, face the front"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Lying Torso Stretch 1 (Arm Opening)

Muscles and Movements

Target Muscles

- Internal and External Obliques to rotate the body (lumbar rotation) and prevent the lower back arching, drawing the ribs toward the hips

Accessory Muscles

- Stretches the Hamstrings
- Deltoids to hold the arms up (shoulder abduction)
- Erector Spinae muscles to keep the spine straight when sitting tall, and to roll the spine back up (thoracic and lumbar spine extension)

Stabilising Muscles

- Transversus Abdominus to stabilise the lumbar spine
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Rotator Cuff to stabilise the shoulder joints
- Multifidus to stabilise the lower back

Joint Mobility

- Increases thoracic and lumbar rotation range of movement

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Injuries/Caution

Tight Hamstrings or Poor Flexibility

- Separate the legs slightly
- If a client cannot sit up straight with a neutral spine and pelvis, and is sinking backward with a posterior pelvic tilt and rounded spine, allow them to bend their knees slightly
- Stretching the Hamstrings beforehand may help
- If this doesn't help, have them sit on a small cushion, rolled up towel or block



Modification Sitting on Cushion



Modification with Knees Bent

Upper Back Pain or Lower Back Pain

- Ensure that the client can sit with a neutral spine – if not, bend the knees or sit on something
- This exercise requires the spine to be in a lot of rotation, and some clients' spine may just not like this position. Check with your clients what they are feeling in their spine – they should feel a stretch, but no pain
- Don't rotate as far
- Keep the T-Zone tight and the abdominals on to support the spine
- Discontinue the exercise if pain persists

Lumbar or Thoracic Disc Injuries

- Avoid for a lumbar or thoracic spine Disc Bulge as this exercise involves lumbar and thoracic rotation

Sciatica

- Avoid sitting with the legs out straight as this puts the body in a neural tension position
- Try performing the exercise with the knees bent

Osteoporosis

- Avoid this exercise

Shoulder Pain

- Focus on keeping the shoulder blades down and back and reaching through the fingers
- Hold the arms a little lower than shoulder height
- Don't open the arms as wide, make sure that the spine rotates rather than just the arms

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- Perform with the arms across the chest
- If pain persists, discontinue the exercise



Modification with Arms Across Chest

Neck Pain

- Keep the chin tucked in at all times, and make sure that the neck is following the line of the body – you should be looking to the side as you rotate
- Focus on the shoulder blades drawing down and back, not hunching up toward the ears

Pregnancy

- Safe to perform in the first trimester of pregnancy
- Safe to perform in the second and third trimesters, as long as it is comfortable for the client to sit in this position
- Discontinue if the woman starts to feel uncomfortable later on in the pregnancy

Programming Advice

- If a client does not sit up tall with a straight spine to begin with, the whole exercise will incorrectly preformed
- When sitting, the weight should be on the sit bones, not back on the tailbone
- This is a great warm up exercise to do at the beginning of the class to mobilise the spine
- Works well when performed before Saw, but remember to change the leg position from together to hip distance apart

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Arm Positioning #1: Guiding Arm Position and Movement
- Scapula Setting #1: In Between the Shoulder Blades
- Lumbar Spine Positioning #3: Sitting
- Thoracic Spine Positioning #6: Rotation

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Saw

Intensity=3 Difficulty=2

Cueing Formula

Exercise Tip: If a client cannot sit up straight with a neutral spine and pelvis, and is sinking backward with a posterior pelvic tilt and rounded spine, allow them to bend their knees slightly.

Note that this exercise contains THREE EXHALE BREATHS. Omitting the breathing on the first rep can help – just describe the movement, then add the three exhale breaths on the next repetition

Name of Exercise

"Saw"

What and/or Where it Works

"Stretches the spine and the back of the legs"

Set Up

"Sitting with the legs out straight, slightly wider than hip distance apart, feet flexed. Arms out to the sides at shoulder height, palms facing down. Neutral spine, T-Zone tight, sitting up straight and tall, like there is a rod behind the spine. Shoulder blades down and back. Lengthen through the crown of the head, reach through the fingertips and reach through the heels."



Breathing and Movement

"INHALE, rotate the spine to one side"



"EXHALE-EXHALE-EXHALE, tuck the chin and roll the spine down one vertebra at a time…"



"… then reach the hand across the ankle, sawing three times and reach back with the other hand, palm up"



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"INHALE, roll the spine back up to sitting"





"EXHALE, rotate to face the front"

"Alternate sides"

Permission to Continue

- "Keep going and…"

Concentration Points

- "Sit up as tall and straight as possible, lengthening through the crown of the head"***
- "Use the abdominals to rotate the spine, moving from the waist – not just the arms"***
- "Keep the pelvis still as you rotate, sitting tall on the sit bones, spine straight, don't lean"***
- "As you roll down and reach toward the foot, keep the spine rotated, and the back arm reaching behind you"***
- "As you reach past the foot, exhale to draw your abdominals in and empty your lungs"***
- "Shoulder blades down and back, neck and head in line with the body, eyes look sideways"***
- "You should feel like there is energy through the heels, fingertips and top of the head – keep lengthening and reaching through these, even as you lean forward and stretch"***
- "When sitting up tall, imagine there is a rod up the back of the spine, and that you are sitting with your feet pressed against a wall"***
- "Keep the T-Zone and abdominals tight to support the lower back"

To Make it Easier

- "Don't rotate as far or lean forward as far"

To Make it Harder

- "Rotate further and lean toward the foot further"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not sitting up tall when rotating
- Not rotating through, the lower back – just rotating the upper body or just moving the arms
- Not rolling up and down one vertebra at a time

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- Opening the arms too wide, letting the shoulder/s round forward
- Hunching the neck and shoulders
- Not keeping the neck and head facing the same way as the rest as the spine
- Poking the chin forward or tucking it in too far
- Not engaging the abdominals and letting the T-Zone go
- Not reaching through the heels, head and fingertips
- Moving the pelvis or legs
- Bouncing back too far when performing the pulsing/sawing movement, the focus should be on the stretch, and just releasing slightly

Encourage and Inspire

- "Looking good!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, rotate"
- "EXHALE, roll down and reach past the foot"
- "INHALE, roll back up to sitting"
- "EXHALE, face the front"

Ending the Exercise

- "…and INHALE roll back up to sitting, then EXHALE face the front, and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Spiral Stretch
- MATWORK PROGRESSIONS PREREQUISITES: Spine Stretch, Spine Twist

Muscles and Movements

Target Muscles

- Stretches the Hamstrings, Quadratus Lumborum, Latissimus Dorsi and Erector Spinae
- Internal and External Obliques to rotate the body and roll the spine down (thoracic and lumbar flexion and rotation)

Accessory Muscles

- Stretches the Adductors (especially if the legs are wider apart)
- Deltoids to hold the arms up (shoulder abduction)
- Erector Spinae muscles to keep the spine straight when sitting tall, and to roll the spine back up (thoracic and lumbar spine extension)

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Stabilising Muscles

- Transversus Abdominus to stabilise the lumbar spine
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Rotator Cuff to stabilise the shoulder joints
- Multifidus to stabilise the lower back

Joint Mobility

- Increases thoracic and lumbar rotation range of movement

Injuries/Caution

Tight Hamstrings or Poor Flexibility

- If a client cannot sit up straight with a neutral spine and pelvis, and is sinking backward with a posterior pelvic tilt and rounded spine, allow them to bend their knees slightly
- Stretching the Hamstrings beforehand may help
- If this doesn't help, have them sit on a small cushion, rolled up towel or block



Modification Sitting on Cushion



Modification with Knees Bent

Upper Back Pain or Lower Back Pain

- Ensure that the client can sit with a neutral spine – if not, bend the knees or sit on something
- This exercise requires the spine to be in a lot of rotation, and some clients' spine may just not like this position. Check with your clients what they are feeling in their spine – they should feel a stretch, but no pain
- Don't rotate as far or lean over as far
- Keep the T-Zone tight and the abdominals on to support the spine
- Discontinue the exercise if pain persists

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid for any Disc Bulge as this exercise involves spinal flexion

Sciatica

- Avoid this exercise as it involves a neural tension position

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Osteoporosis

- Avoid this exercise

Shoulder Pain

- Focus on keeping the shoulder blades down and back and reaching through the fingers
- Hold the arms a little lower than shoulder height
- Don't open the arms as wide, make sure that the spine rotates rather than just the arms
- If pain persists, discontinue the exercise

Neck Pain

- Keep the chin tucked in at all times, and make sure that the neck is following the line of the body – you should be looking to the side as you reach toward the foot
- Focus on the shoulder blades drawing down and back, not hunching up toward the ears

Pregnancy

- Safe to perform in the first and second trimester of pregnancy
- Avoid in the third trimester as the growing belly may get in the way – you may need to open the legs wider to accommodate the belly
- Discontinue if the woman starts to feel uncomfortable later on in the pregnancy

Programming Advice

- If a client does not sit up tall with a straight spine to begin with, the whole exercise will be incorrectly preformed
- When sitting, the weight should be on the sit bones, not back on the tailbone
- This is a great warm up exercise to do at the beginning of the class to mobilise the spine
- A good exercise to do before any exercises which involve a lot of spinal rotation as it can increase the range of movement prior to performing such exercises

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Arm Positioning #1: Guiding Arm Position and Movement
- Scapula Setting #1: In Between the Shoulder Blades
- Lumbar Spine Positioning #3: Sitting
- Thoracic Spine Positioning #6: Rotation

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ADVANCED MATWORK EXERCISES

The following section takes you through the Advanced Matwork repertoire of Pilates exercises.

INTRODUCTION TO ADVANCED MATWORK

The following exercises are more advanced. The exercises may be considered advanced for a number of reasons which are outlined here.

They are more challenging for the clients to perform

Clients will find these exercises more difficult to perform due to -

- More complex movements and movement sequences
- A high level of coordination required to execute the movements
- Large degree of strength required
- Large degree of flexibility required
- Requires more body parts to be used at the same time
- More control and stability required

They are more challenging for you to instruct

You may find these exercises more difficult to instruct as -

- The Set-Up can be lengthier and wordier
- The Breathing and Movement is more complicated and difficult to explain
- The movements are more complex so there are more parts of the body to consider
- Depending on your own strength and ability, you may not be able to demonstrate them

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ADVANCED SUPINE ABDOMINAL SERIES

Neck Pull

Intensity= 3 Difficulty= 3.5

Cueing Formula

Exercise Tip: This exercise can be Set Up in two alternative positions, supine lying or sitting up. Set-Up in supine lying to better flow on to exercises such as Teaser which also begin in supine. If performing after exercises such as Half Rollback, you may wish to start and finish in the sitting position to improve the flow.

Name of Exercise

"Neck Pull"

What and/or Where it Works

"This works the abdominal muscles and stretches the spine and the Hamstrings"

Set Up

"Lying on the back, legs extended straight, squeezed together, feet flexed, press through the heels. Hands behind the head, elbows wide, shoulders down and back, chin tucked in. Neutral spine."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, tuck the chin toward the chest and roll up using the abdominals, rounding and peeling the spine off the mat one vertebra at a time…"



"…and round the spine forward over the legs"



"INHALE, roll back up to sitting, pull up gently on the neck"

"INHALE, T-Zone"



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"EXHALE, sink backward and tuck the Pubic Bone toward the belly button, rolling the spine backward toward the floor, one vertebra at a time…"



"…until lying flat"



Permission to Continue

- "Keep going and…"

Concentration Points

- "Initiate the curl up by tucking the chin, drawing the ribs to the hips and rolling back up one vertebra at a time, keeping the Pubic Bone toward the belly button as you curl up"***
- "Initiate the rollback by tucking the pelvis under, rolling backward one vertebra at a time"***
- "Roll down one vertebra at a time onto the mat – imagine that your spine is a string of pearls and you are lowering them one by one onto the mat"***
- "When in sitting, sit up tall, neutral spine, lengthen through the crown of the head"***
- "When you stretch forward, tuck the chin, scoop the abdominals and lift and round the spine as you lean over the legs"***
- "T-Zone tight to keep the abdominals flat and scooped"***
- "Reach through the heels to anchor the legs – keep the thighs relaxed, resting on the mat"***
- "Keep the spine rounded as you roll up and down"*** neutral spine at the
- "Shoulder blades down and back, chin tucked in, eyes looking forward"***

To Make it Easier

- "Roll down only as far as you can keep it controlled, aiming to be lying on floor. If you can't do this then just roll halfway back, then return to sitting"

To Make it Harder

- "Slow the movement down"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Hunching the shoulders and pulling the head forward
- Drawing the elbows toward each other too much/pulling on the neck too hard
- Leaning and hinging backward rather than rolling backward one vertebra at a time
- Losing the T-Zone, bulging the abdominals
- Lifting the feet and using the Hip Flexors too much – press the heels into the floor and reach through the heels to help this
- Separating the legs, not keeping them squeezed together
- Going too quickly and using momentum

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- Not tucking the chin in and lagging the head behind the body
- Arching the lower back/letting the abdominals relax when lying on the back
- Arching back beyond neutral when sitting
- Collapsing when stretching forward over the legs – the abdominals should stay engaged, hollowed and scooped, lifting the spine away from the thighs as it rounds forward

Encourage and Inspire

- "Well done!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- EXHALE, roll the spine back onto the mat"
- "INHALE, T-Zone"
- "EXHALE, roll back up to sitting"
- "INHALE, sit up tall"
- "EXHALE, round the spine forward over the legs"
- "INHALE, sit up tall"

Ending the Exercise

- "…and roll all the way back down to the mat, one vertebra at a time and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Rollup + Hamstring Stretch

Muscles and Movements

Target Muscles

- Internal and External Obliques to curl the body up (lumbar and thoracic flexion), control the body rolling backward (eccentric thoracic and lumbar extension) and draw the ribs toward the hips to prevent the lower back from arching and the ribs flaring
- Stretches the Hamstrings, Erector Spinae and Quadratus Lumborum

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic and lumbar flexion) and control rolling backward (eccentric thoracic and lumbar extension)
- Deltoids to keep the elbows wide (shoulder horizontal abduction)
- Adductors to squeeze the legs together (hip adduction)

Stabilising Muscles

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- T-Zone to stabilise the lower back and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

Joint Mobility

- Increases spinal flexion range of movement

Injuries/Caution

Hamstring Tightness

- Perform the exercise with the knees slightly bent



Modification with the Knees Bent

Sciatica

- Avoid the exercise as it involves a neural tension position

Osteoporosis

- Avoid this exercise

Lower and Upper Back Pain

- Check T-Zone and Oblique activation
- Roll back rather than hinging or leaning straight back
- Make sure that the back doesn't start to arch
- Don't lean forward as far into the stretch, and focus on bending forward from the hips rather than rounding the spine to reach forward, or omit the stretch forward altogether
- Try performing the modification with the knees bent
- Don't roll back as far – you don't have to go all the way to the mat – if clients are struggling with this, only go as far back as feels comfortable
- If pain persists, discontinue the exercise

Cervical, Thoracic and Lumbar Disc Injuries

- Avoid this exercise as it involves cervical, thoracic and lumbar flexion
- Perform Abdominal Curl 1 (Feet Down) instead

Hip Flexor Cramps

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- This usually occurs when clients are using and lifting their legs, trying to hinge back up, rather than using the abdominals to roll back up
- Try to relax the front of the thighs, using T-Zone and abdominals to roll the body up and down
- Squeeze the legs together to switch off the Hip Flexors and reach through the heels
- Try letting the legs turn out slightly

Neck Pain or Shoulder Pain

- Shoulders down and back
- Keep the elbows wide and makes sure that you don't pull the head forward – keep the hands resting lightly on the back of the head
- Keep the chin tucked in as you roll back and tuck the chin in first before rolling up
- If pain persists, cross the arms over the chest



Modification with the Arms Across

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients should avoid this exercise in the first trimester if they feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- A very similar exercise to Rollup + Hamstring Stretch, however it is more challenging on the abdominals and placing the hands behind the head rather than out in front makes it harder
- It also provides a more intense stretch through the spine as you round forward, whereas Rollup + Hamstring Stretch provides a more intense Hamstring Stretch
- In a group setting, you may have some of the clients perform Rollup, whilst the stronger clients perform Neck Pull

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Scapula Setting #1: In Between the Shoulder Blades

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Can Can 1 (Knees Bent)

Intensity=2 Difficulty=2.5

Cueing Formula

Exercise Tip: Note that the inhale breath for this exercise has no movement cue – it is just the breath.

The inhale breath is a small quick inhalation (as the legs are over to the side). If you take a long deep breath here, you will pause with the legs to the side rather than keeping the movement flowing.

You exhale as the legs sweep and inhale quickly before sweeping the legs back in the other direction.

Name of Exercise

"Can Can with the Knees Bent"

What and/or Where it Works

"This works the abdominal muscles"

Set Up

"Sitting with the hands behind you, fingers pointing backward, knees bent, feet close to the bottom. Walk the hands back until the weight comes off the sit bones, tilting the pelvis slightly. Arms straight, sitting up tall, shoulders down and back, neck long. Imprinted spine, T-Zone. Raise the legs up into tabletop position, squeezed together."



Breathing and Movement

"INHALE, T-Zone"



"EXHALE, sweep the legs to the side, one hip lifts off the floor slightly"

"INHALE, pause"



"EXHALE, sweep the legs to the other side"

"INHALE, pause"

Permission to Continue

- "Keep going, sweeping the legs side to side, and…"

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Concentration Points

- "Only go as far as you can control – it's not about how far you go, it's about using the abdominals"***
- "One hip will lift off the floor, but keep even length through both sides of the waist"***
- "Really use the breath out to tighten the abdominals as you move the legs side to side"***
- "T-Zone tight, keep the abdominals flat and scooped"***
- "Maintain an imprinted spinal position throughout, don't arch or slump back"
- "Keep your weight on the pelvis, not the hands"***
- "Keep the knees squeezed together, don't let one knee shoot past the other"***
- "Elbows unlocked, extend the upper back, shoulders down and back, open the chest"***
- "Keep the hips and knees at 90 degrees – don't let the knees drop away from the body"***
- "Even though your spine is rotating, make sure that you keep your ribs toward your hips so that the back doesn't arch, keeping your spine imprinted"
- "If you go to the side and the lower back arches or your ribs flare then you've gone too far"
- "Move the pelvis and legs together as one unit"

To Make it Easier

- "Don't go over as far, use a smaller range of movement"

To Make it Harder

- "Take the legs further over to the side"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Arching the lower back and flaring the ribs
- Collapsing the lower back and pelvis, moving into full posterior pelvic tilt/lumbar flexion
- Losing T-Zone and the stomach bulging out
- Laterally flexing the spine rather than pure rotation – hitching one hip up and twisting the hips
- Gripping with and using the back muscles or leg muscles (Hip Flexors) to bring the legs back to the centre (rather than using the abdominals)
- Legs dropping away from the body or lowering
- Not keeping the legs squeezed together
- Making the range of movement too large and not controlling the movement
- Hands in the wrong position or bending/straightening the elbows
- Putting too much weight through the arms and tensing the neck and shoulders
- Hunching the shoulders, locking the elbows, sagging through the shoulders/shoulder blades
- Poking the chin out

Encourage and Inspire

- "Beautiful technique"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, legs to the side"
- "INHALE"
- "EXHALE, legs to the side"
- "INHALE"

Ending the Exercise

- "…and return the feet to the mat and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Pendulum 1 (Tabletop)

Muscles and Movements

Target Muscles

- Internal and External Obliques to control the knees to the side and draw them back again (lumbar and thoracic spine rotation) and prevent the lower back arching or ribs flaring

Accessory Muscles

- Hip Flexors and Adductors to hold the legs up, squeezed together (hip flexion and adduction)
- Rotator Cuff to stabilise the shoulder joints

Stabilising Muscles

- T-Zone to stabilise the spine, drawing the abdominals flat and prevent one hip from hitching
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)

Joint Mobility

- Increases lumbar spine rotation range of movement

Injuries/Caution

Shoulder, Wrist or Neck Pain

- Keep the chest open, shoulder blades down and back, elbows unlocked and chin tucked in

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- Walk the hands in closer to the body
- Try not to place too much weight through the arms
- Try placing the hands in a different position ie. facing outward or forward not backward
- If pain persists, perform the exercise on the elbows instead



Modification on the Elbows

Lower Back Pain

- Check T-Zone and Oblique activation and imprint position
- Decrease the range of movement
- Try using a neutral spine and see if it feels more comfortable
- Try the modification resting on the elbows and forearms instead of the hands
- You can also perform the exercise with the feet on the mat rather than in tabletop position



Modification with the Feet Down

Lumbar Disc Injuries

- Avoid for anyone who has a Disc Bulge as this exercise involves flexion and rotation

Hip Pain or Hip Flexor Cramps

- Keep the legs squeezed together, don't let them come apart
- Make sure that the thighs are not falling too far away from the body/toward the floor – the hips need to remain bent to 90 degrees

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients who feel uncomfortable or show early may need to avoid this exercise later in the first trimester
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a good exercise to perform in a group class as some clients can perform the exercise in its original form, while others perform the easier modifications on the elbows/forearms or with the feet on the mat

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- If you are planning on doing this in a class, you could demonstrate the modifications so that clients can choose the easier option
- Stems off the Pendulum exercises, so works well if clients know how to perform Pendulum prior to performing this exercise
- You really need to emphasise using the abdominals for this exercise as clients can tend to cheat by using momentum to swing their legs rather than using their abdominal muscles

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Leg Positioning #1: Squeeze the Legs Together
- Leg Positioning #2: Tabletop Position
- Thoracic Spine Positioning #4: Teaser
- Scapula Setting #1: In Between the Shoulder Blades
- Lumbar Spine Positioning #1: Supine Abdominal Exercises on the Hands or the Elbows

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Can Can 2 (Legs Extending)

Intensity=3 Difficulty=3

Cueing Formula

Name of Exercise

"Can Can with the Legs Extending"

What and/or Where it Works

"This works the abdominal muscles"

Set Up

"Sitting with the hands behind you, fingers pointing backward, knees bent, feet close to the bottom. Walk the hands back until the weight comes off the sit bones, tilting the pelvis slightly. Arms straight, sitting up tall, shoulders down and back, neck long. Imprinted spine, T-Zone. Raise the legs up into tabletop position, squeezed together. You'll be moving the legs side to side three times, then extending them."

Exercise Tip: Note that the inhale breath for this exercise has no movement cue – it is just the breath.

The inhale breath is a small quick inhalation (as the legs are over to the side). If you take a long deep breath here, you will pause with the legs to the side rather than keeping the movement flowing.

You exhale as the legs sweep and inhale quickly before sweeping the legs back in the other direction.



Breathing and Movement

"EXHALE, legs to the side"



"INHALE"

"EXHALE, legs to the other side"



"INHALE"

"EXHALE, legs to the other side"



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"INHALE, extend the legs straight…"



"…then bend them"



Permission to Continue

- "Keep going, breathing out three times as you sweep the legs side to side three times, and breathing in to extend the legs…"

Concentration Points

- "Only go as far as you can control – it's not about how far you go, it's about using the abdominals"***
- "T-Zone tight, keep the abdominals flat and scooped"***
- "Really use the breath out to tighten the abdominals as you move the legs side to side"***
- "Maintain an imprinted spinal position throughout, don't arch or slump back"
- "Keep your weight on the pelvis, not the hands"***
- "One hip will lift off the floor, but keep even length through both sides of the waist"***
- "Tighten the abdominals, keeping the thighs and body completely still as the legs extend"***
- "Keep the knees squeezed together, don't let one knee shoot past the other"***
- "Elbows unlocked, extend the upper back, shoulders down and back, open the chest"***
- "Even though your spine is rotating, make sure that you keep your ribs toward your hips so that the back doesn't arch, keeping your spine imprinted"
- "Keep the hips and knees at 90 degrees – don't let the knees drop away from the body"***
- "If you go to the side and the lower back arches or your ribs flare then you've gone too far"
- "Move the pelvis and legs together as one unit"

To Make it Easier

- "Don't go over as far, use a smaller range of movement"

To Make it Harder

- "Take the legs further over to the side"

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Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Arching the lower back and flaring the ribs
- Collapsing the lower back and pelvis, moving into full posterior pelvic tilt/lumbar flexion
- Losing T-Zone and the stomach bulging out
- Laterally flexing the spine rather than pure rotation – hitching one hip up and twisting the hips
- Gripping with and using the back muscles or leg muscles (Hip Flexors) to bring the legs back to the centre (rather than using the abdominals)
- Moving the thighs or body as the legs extend – only the shins should move (knee extension)
- Legs dropping away from the body or lowering
- Not keeping the legs squeezed together
- Making the range of movement too large and not controlling the movement
- Hands in the wrong position or bending/straightening the elbows
- Putting too much weight through the arms and tensing the neck and shoulders
- Hunching the shoulders, locking the elbows, sagging through the shoulders/shoulder blades
- Poking the chin out

Encourage and Inspire

- "Wow, looking good!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, legs to the side three times"
- "INHALE, extend the legs"

Ending the Exercise

- "…and return the feet to the mat and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Pendulum 3 (Both Legs Extending), Can Can 1 (Knees Bent)

Muscles and Movements

Target Muscles

- Internal and External Obliques to control the knees to the side and draw them back again (lumbar and thoracic spine rotation) and prevent the lower back arching or ribs flaring

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Accessory Muscles

- Hip Flexors and Adductors to hold the legs up, squeezed together (hip flexion and adduction)
- Quadriceps to straighten the knees (knee extension)

Stabilising Muscles

- T-Zone to stabilise the spine, drawing the abdominals flat and prevent one hip from hitching
- Multifidus to stabilise the lower back
- Iliacus to draw the thigh bones into the hip sockets (stabilise the hip joints)
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Rotator Cuff to stabilise the shoulder joints

Joint Mobility

- Increases lumbar spine rotation range of movement

Injuries/Caution

Shoulder, Wrist or Neck Pain

- Keep the chest open, shoulder blades down and back, elbows unlocked and chin tucked in
- Walk the hands in closer to the body
- Try not to place too much weight through the arms
- Try placing the hands in a different position ie. facing outward or forward not backward
- If pain persists, perform the exercise on the elbows instead



Modification on the Elbows

Lower Back Pain

- Check T-Zone and Oblique activation and imprint position
- Decrease the range of movement
- Try using a neutral spine and see if it feels more comfortable
- Try the modification resting on the elbows and forearms instead of the hands
- You can also perform the exercise with the feet on the mat rather than being in tabletop position

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Modification with the Feet Down

Lumbar Disc Injuries

- Avoid for anyone who has a Disc Bulge as this exercise involves flexion and rotation

Sciatica

- Avoid for anyone with Sciatica
- Perform Can Can 1 (Knees Bent)

Hamstring Tightness

- Clients with tight Hamstrings may not be able to fully extend or raise their legs as high
- Stretch the Hamstrings first
- Come back onto the elbows and try in that position
- If pain persists, try performing Can Can 1 (Knees Bent) instead

Hip Pain or Hip Flexor Cramps

- Keep the legs squeezed together, don't let them come apart
- Make sure that the thighs are not falling too far away from the body/toward the floor – ideally the hips need to remain bent to 90 degrees
- If pain persists, try performing Can Can 1 (Knees Bent) instead

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients who feel uncomfortable or show early may need to avoid this exercise later in the first trimester
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a good exercise to perform in a group class as some clients can perform Can Can 1 (Knees Bent) while others extend their legs and perform Can Can 2 (Legs Extending)
- Stems off the Pendulum exercises, so works well if clients know how to perform Pendulum 3 (Both Legs Extending) prior to performing this exercise
- Probably the most commonly used and the most fun version of the Can Can exercises
- If clients are finding the choreography confusing, you can have them extend the legs every time they take the legs over to the side as opposed to every three times

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Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Leg Positioning #1: Squeeze the Legs Together
- Leg Positioning #2: Tabletop Position
- Leg Positioning #3: Guiding Leg Height and Position
- Thoracic Spine Positioning #4: Teaser
- Scapula Setting #1: In Between the Shoulder Blades
- Lumbar Spine Positioning #1: Supine Abdominal Exercises on the Hands or the Elbows

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Can Can 3 (Straight Legs)

Intensity=4 Difficulty=4

Cueing Formula

Name of Exercise

"Can Can with straight legs"

What and/or Where it Works

"This works the abdominal muscles and the front of the thighs"

Set Up

"Sitting with the hands behind you, fingers pointing backward, knees bent, feet close to the bottom. Walk the hands back until the weight comes off the sit bones, tilting the pelvis slightly. Arms straight, sitting up tall, shoulders down and back, neck long. Imprinted spine, T-Zone. Extend the legs toward the ceiling, squeezed together."

Breathing and Movement

"INHALE, T-Zone"

"EXHALE, sweep the legs down…"

"… and around to the side, one hip lifts off the floor slightly"

"INHALE, pause"

"EXHALE, sweep the legs down…"

Exercise Tip: Note that the inhale breath for this exercise has no movement cue – it is just the breath.

The inhale breath is a small quick inhalation (as the legs are over to the side). If you take a long deep breath here, you will pause with the legs to the side rather than keeping the movement flowing.

You exhale as the legs sweep and inhale quickly before sweeping the legs back in the other direction.









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"… and around to the other side"

"INHALE, pause"

Permission to Continue

- "Keep going and…"

Concentration Points

- "Only go as far as you can control – it's not about how far you go, it's about using the abdominals"***
- "Only take the legs as low as possible without arching the lower back"***
- "T-Zone tight, keep the abdominals flat and scooped"***
- "Really use the breath out to tighten the abdominals as you move the legs side to side"***
- "Maintain an imprinted spinal position throughout, don't arch or slump back"
- "Keep your weight on the pelvis, not the hands"***
- "One hip will lift off the floor, but keep even length through both sides of the waist"***
- "Squeeze the legs together"***
- "Elbows unlocked, extend the upper back, shoulders down and back, open the chest"***
- "Even though your spine is rotating, make sure that you keep your ribs toward your hips so that the back doesn't arch, keeping your spine imprinted"
- "If you go to the side and the lower back arches or your ribs flare then you've gone too far"
- "Move the pelvis and legs together as one unit"

To Make it Easier

- "Don't go over as far, use a smaller range of movement"
- "Keep the legs higher, don't sweep them as low"

To Make it Harder

- "Take the legs further over to the side"
- "Sweep the legs lower, without arching the back"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Legs lowering too far, arching the lower back and flaring the ribs
- Collapsing the lower back and pelvis, moving into full posterior pelvic tilt/lumbar flexion
- Losing T-Zone and the stomach bulging out
- Laterally flexing the spine rather than pure rotation – hitching one hip up and twisting the hips
- Gripping with and using the back muscles or leg muscles (Hip Flexors) to bring the legs back to the centre (rather than using the abdominals)

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- Not keeping the legs squeezed together
- Making the range of movement too large and not controlling the movement
- Hands in the wrong position or bending/straightening the elbows
- Putting too much weight through the arms and tensing the neck and shoulders
- Hunching the shoulders, locking the elbows, sagging through the shoulders/shoulder blades
- Poking the chin out

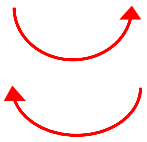
Encourage and Inspire

- "Wow, looking good!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, legs down, around and up to the other side"
- "INHALE, pause"
- "EXHALE, legs down, around and up to the other side"
- "INHALE, pause"



Ending the Exercise

- "…and return the feet to the mat and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Pendulum 4 (Straight Legs), Can Can 2 (Legs Extending)

Muscles and Movements

Target Muscles

- Internal and External Obliques to control the knees to the side and draw them back again (lumbar and thoracic spine rotation) and prevent the lower back arching or ribs flaring

Accessory Muscles

- Hip Flexors and Adductors to hold the legs up, squeezed together (hip flexion and adduction)
- Quadriceps to keep the knees straight (knee extension)

Stabilising Muscles

- T-Zone to stabilise the spine, drawing the abdominals flat and prevent one hip from hitching
- Multifidus to stabilise the lower back
- Iliacus to draw the thigh bones into the hip sockets (stabilise the hip joints)
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)

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- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Serratus Anterior to prevent the shoulder blades winging and the upper body sagging through (Scapula protraction and lateral rotation)
- Rotator Cuff to stabilise the shoulder joints

Joint Mobility

- Increases lumbar spine rotation range of movement

Injuries/Caution

Shoulder, Wrist or Neck Pain

- Keep the chest open, shoulder blades down and back, elbows unlocked and chin tucked in
- Walk the hands in closer to the body
- Try not to place too much weight through the arms
- Try placing the hands in a different position ie. facing outward or forward not backward
- If pain persists, perform the exercise on the elbows instead



Modification on the Elbows

Lower Back Pain

- Check T-Zone and Oblique activation and imprint position
- Decrease the range of movement – don't take the legs as wide or sweep them as low
- Try using a neutral spine and see if it feels more comfortable
- Try the modification resting on the elbows and forearms instead of the hands
- If pain persists, try performing Can Can 1 (Knees Bent) instead

Lumbar Disc Injuries

- Avoid for anyone who has a Disc Bulge as this exercise involves flexion and rotation

Sciatica

- Avoid for anyone with Sciatica
- Perform Can Can 1 (Knees Bent)

Hamstring Tightness

- Clients with tight Hamstrings may not be able to fully extend or raise their legs as high
- Stretch the Hamstrings first

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- Come back onto the elbows and try in that position
- If pain persists, try performing Can Can 1 (Knees Bent) instead

Hip Pain or Hip Flexor Cramps

- Keep the legs squeezed together, don't let them come apart
- Make sure that the thighs are not falling too far away from the body/toward the floor – ideally the hips need to remain bent to 90 degrees
- If pain persists, try performing Can Can 1 (Knees Bent) instead

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients who feel uncomfortable or show early may need to avoid this exercise later in the first trimester
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a good exercise to perform in a group class as some clients can perform Can Can 1 (Knees Bent) while others extend their legs and perform Can Can 3 (Straight Legs)
- Stems off the Pendulum exercises, so works well if clients know how to perform Pendulum 4 (Straight Legs) prior to performing this exercise
- By far the most difficult of the Can Can exercises – it requires a lot of abdominals and Hip Flexor strength as well as Hamstring flexibility and good scapula stability

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Leg Positioning #1: Squeeze the Legs Together
- Leg Positioning #3: Guiding Leg Height and Position
- Thoracic Spine Positioning #4: Teaser
- Scapula Setting #1: In Between the Shoulder Blades
- Lumbar Spine Positioning #1: Supine Abdominal Exercises on the Hands or the Elbows

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Seal

Intensity=3 Difficulty=3

Cueing Formula

Name of Exercise

"Seal"

What and/or Where it Works

"This works the abdominals, challenges balance and massages the spine"

Set Up

"Sitting on the mat, knees bent, open out to the sides and soles of the feet together. Wrap the hands through the legs, under the shins and hold onto the front of the ankles. Round the spine, tucking the Pubic Bone to the belly button. Arms straight, shoulders down and back, chin tucked in. T-Zone tight. Raise the feet just off the mat."



Breathing and Movement

"INHALE, roll back onto the shoulder blades, and…"



"…clap the soles of the feet 3 times"



"EXHALE, roll up to sitting keeping the spine round…"



"clap the soles of the feet 3 times"



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Permission to Continue

- "Keep going and…"

Concentration Points

- "Tuck the pelvis under and roll back one vertebra at a time, rather than leaning back"***
- "Keep the 'C' shape of the spine the whole time – your body should be round like a ball"***
- "T-Zone tight to keep the abdominals flat and scooped and to balance on the sit bones"***
- "Keep the body still as you beat the soles of the feet together, keeping the knees open"***
- "Shoulder blades down and back, chin tucked in, eyes looking at the knees"
- "When sitting, the shoulders should be directly over the hips and the spine rounded"

To Make it Easier

- "Just clap one or two times rather than three times"

To Make it Harder

- None

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not using the abdominals and losing the roundness of the spine
- Pulling up with the arms, hunching the shoulders or tensing the neck
- Poking the chin out and lagging the head behind the body
- Rolling too far back onto the neck
- Allowing the legs to move in or out
- Losing balance when sitting – the shoulders should be over the hips in this position
- Not having the feet turned in enough, so the soles of the feet can't clap together
- Threading the hands through the legs incorrectly

Encourage and Inspire

- "Looking good, keep going!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, roll back, clap, clap, clap"
- "EXHALE, roll up, clap, clap, clap"

Ending the Exercise

- "…and roll back up to sitting, feet down and rest"

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Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Rolling Like a Ball

Muscles and Movements

Target Muscles

- Internal and External Obliques to round the spine (lumbar and thoracic flexion) and roll the body back and forward

Accessory Muscles

- Rectus Abdominus to curl the body up (thoracic and lumbar flexion)
- Hip Flexors to hold the legs up (hip flexion)
- Adductors to beat the heels together (hip adduction)

Stabilising Muscles

- T-Zone to stabilise the lower back and draw the abdominals flat and help balance
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to draw the thigh bones into the hip sockets (stabilise the hip joints)

Joint Mobility

- Increases lumbar and thoracic flexion range of movement

Injuries/Caution

Lower and Upper Back Pain

- Check T-Zone and Oblique activation
- Roll back and keep the spine rounded rather than hinging or leaning straight back
- Try performing Rolling Like a Ball instead
- If pain persists, discontinue the exercise

Lumbar, Thoracic and Cervical Disc Injuries

- Avoid this exercise as it involves lumbar, thoracic and cervical flexion

Hip Pain or Hip Flexor Cramps

- Focus on using the abdominals to roll the body up and down, don’t pull up with the legs
- Make sure that the knees are turned out slightly

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Pubic Bone Pain or SIJ Pain

- Keep the T-Zone and abdominals tight the whole time
- If pain persists, perform Rolling Like a Ball instead

Neck Pain

- Don't roll too far back – you should only roll onto the shoulder blades/mid back, not the neck
- Ensure that the shoulders are staying down and back and the arms are not pulling on the legs
- Keep the chin tucked in and eyes on the knees
- If pain persists, discontinue the exercise

Shoulder Pain

- Ensure that the shoulders down and back
- Try holding slightly higher up the shins
- Try performing Rolling Like a Ball instead, as the arms are on the outside of the shins

Osteoporosis

- Avoid this exercise

Vertigo or Dizziness

- Avoid this exercise

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients should avoid this exercise in the first trimester if they feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a great exercise to perform after Rolling Like a Ball
- Clapping the heels challenges balance and stability
- There are two reasons why clients may struggle to roll – either their abdominals may not be strong enough to perform the movement, or more commonly, they may not be flexible enough to round the spine (flexion) which prevents being able to roll
- In a group class, if some clients find this exercise challenging, get them to perform Rolling Like a Ball instead
- There are two reasons why clients may struggle to roll – either their abdominals may not be strong enough to perform the movement, or more commonly, they may not be flexible enough to round the spine (flexion) which prevents being able to roll
- Clients with a large lumbar Lordosis often find it challenging to roll the spine up and down without getting stuck as they may not have the spinal flexion range of movement required
- Clients who lave low body fat or protruding bones may find this exercise uncomfortable to perform due to the pressure on the spine, using a thicker mat may help

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Palpations/Physical Corrections

It can be challenging to palpate clients in this exercise as the movement blocks access to the client's body. Ask the client to stop the movement to perform the palpations below, then encourage them to continue with the exercise.

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Scapula Setting #1: In Between the Shoulder Blades
- Thoracic Spine Positioning #5: Rounding the Spine

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Open Leg Rocker Preparation 1 (Single Leg)

Intensity=3 Difficulty=4

Cueing Formula

Exercise Tip: As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the Set Up rather than in the Breathing and Movement.

Name of Exercise

"Open Leg Rocker Preparation"

What and/or Where it Works

"This works the abdominals, challenges balance and stretches the back of the thighs"

Set Up

"Sitting with the legs in front, knees bent and open, feet together. Arms inside the legs, holding onto the front of the ankles/shins. Round your spine into a 'C' shape curve. Chin tucked in, eyes on the knees, shoulders down and back. T-Zone tight, raise the feet just off the mat, toes pointed"



Breathing and Movement

"INHALE, straighten one leg, in line with the shoulder, take the roundness out of the upper back and sit up tall"



"EXHALE, bend the knee back in and round the spine into a 'C' shape"



"INHALE, extend the other leg straight, sit up tall"



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"EXHALE, bend the knee and round the spine"

Permission to Continue

- "Keep going and..."

Concentration Points

- "As you extend the legs, lengthen through the crown of the head, take the roundness out of the upper back and sit up tall"***
- "Only open the legs about shoulder width apart"***
- "As you bend the knees, draw the ribs toward the hips, scoop through the abdominals and round the spine, chin tucked in and eyes on the knees"***
- "Keep the T-Zone and abdominals tight to support the back and help to balance on the sit bones"***
- "Keep the arms straight as you extend the legs, shoulder blades down and back"

To Make it Easier

- "Rest the feet down between repetitions to re-set T-Zone"
- "Don't extend the leg fully"
- "Don't open the leg out as wide"

To Make it Harder

- "Extend the leg fully"
- "Open the leg wider"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not rounding the spine as the knees bend
- Not sitting up tall as the leg extends - collapsing through the upper or lower back and pelvis, moving into a full posterior pelvic tilt/spinal flexion
- Opening the leg too wide
- Bending the elbows
- Twisting the knee
- Eyes looking in the wrong direction/poking the chin out – eyes should look at the knees the whole time
- Hunching the shoulders or tensing the neck
- Losing balance

Encourage and Inspire

- "Great work everyone!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, extend one leg, sit up tall"
- "EXHALE, bend the knee, round the spine"
- "INHALE, extend the other leg, sit up tall"
- "EXHALE, bend the knee, round the spine"

Ending the Exercise

- "…come back into tabletop position, and rest back down"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Rolling Like a Ball, Teaser Preparation - Level 2 (Legs Extended)

Muscles and Movements

Target Muscles

- Internal and External Obliques to hold the body in position and round the spine when bending the knees (lumbar and thoracic spine flexion)
- Stretches the Hamstrings

Accessory Muscles

- Hip Flexors to raise and hold the legs up (hip flexion)
- Rectus Abdominus to hold the body in position and prevent the lower back from arching, and round the spine when the knees bend (lumbar and thoracic spine flexion)
- Quadriceps to straighten the knees (knee extension)
- Thoracic Erector Spinae to extend the upper back (thoracic extension)
- Anterior and Middle Deltoids to raise the arms (shoulder flexion)

Stabilising Muscles

- T-Zone to support the lower back
- Multifidus to stabilise the lower back
- Iliacus to draw the thigh bones into the hip sockets (stabilise the hip joints)
- Serratus Anterior to prevent the shoulder blades winging (Scapula protraction/lateral rotation)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck Flexors to tuck the chin in (upper cervical flexion)

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Joint Mobility

- Increases hip flexion range of movement

Injuries/Caution

Lower Back Pain

- Avoid this exercise for anyone with any lower back pain or lumbar disc injuries
- When up in the 'V' sit position, make sure that clients are sitting up tall and taking the roundness out of the upper back - avoid slumping or collapsing through the lower back
- When bending the knees, make sure that the spine rounds into the 'C' shape
- Focus on keeping the T-Zone tight and the abdominals flat and scooped
- If pain persists, try a different abdominal exercise

Lumbar Disc Injuries

- Avoid this for anyone with a Disc Bulge as it involves lumbar flexion

Sciatica

- Avoid this exercise as it involves a neural tension position

Tight Hamstrings

- Clients with tight Hamstrings may not have the flexibility to perform this exercise
- Stretch the Hamstrings prior to this exercise

Knee Pain

- Take care that clients are not twisting through the knees
- Only open the legs slightly
- Don't open the legs as wide
- Keep the arms straight the whole time

Neck Pain or Shoulder Pain

- Really extend through the upper back as the legs extend
- Ensure that the shoulders are staying down and back and the arms are not pulling on the legs
- Keep the chin tucked in and eyes on the knees
- Try different hand positions to see what feels more comfortable (ie. try wrapping the arms around the outside of the thighs, holding onto the outside of the ankles)
- If pain persists, discontinue the exercise

Pubic Bone Pain

- Don't open the legs as wide
- Focus on keeping the T-Zone activated
- If pain persists, discontinue the exercise

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Hip Pain, Hip Clicking or Hip Flexor Cramps

- Check that the T-Zone and Obliques are working
- Cue for Iliacus activation – think of using the inner thigh rather than the outer, reach through the toes and draw the thigh bone into the hip socket
- Perform the easier modification starting with the knees bent when sitting, then extending the legs as you roll back, then bend them as you return to sitting

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients should avoid this exercise in the first trimester if they feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- An advanced exercise which looks easy, but requires a lot of Hamstring flexibility, balance and control
- It prepares clients to be able to perform Open Leg Rocker – although some clients may find it more challenging to perform this exercise and balance in the seated potion than to roll in and out of the position as in Open Leg Rocker
- Clients who are not flexible in their Hamstrings will not be able to perform this exercise
- As you extend the legs, the thoracic spine should extend into a neutral position, the lumbar spine should be imprinted
- In a group class, if a client can't perform the exercise, you could have them perform Teaser Preparation instead
- Different people may find different hand and leg positions more or less comfortable depending on their own body dimensions and flexibility - you can try overhand or underhand grip, on the top or sides of the ankles and placing the arms inside or outside the thighs

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #3: Guiding Leg Height and Position
- Thoracic Spine Positioning #4: Teaser

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Open Leg Rocker Preparation 2 (Double Leg) Intensity=3 Difficulty=4

Cueing Formula

Exercise Tip: As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the Set Up rather than in the Breathing and Movement.

Name of Exercise

"Open Leg Rocker Preparation"

What and/or Where it Works

"This works the abdominals, challenges balance and stretches the back of the thighs"

Set Up

"Sitting with the legs in front, knees bent and open, feet together. Arms inside the legs, holding onto the front of the ankles/shins. Round your spine into a 'C' shape curve. Chin tucked in, eyes on the knees, shoulders down and back. T-Zone tight, raise the feet just off the mat, toes pointed"



Breathing and Movement

"INHALE, extend both legs straight, in line with the shoulders and take the roundness out of the upper back, sitting up tall"



"EXHALE, bend the knees back in and round the spine into a 'C' shape"



Permission to Continue

- "Keep going and..."

Concentration Points

- "As you extend the legs, lengthen through the crown of the head, take the roundness out of the upper back and sit up tall"***
- "Only open the legs about shoulder width apart"***

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- "As you bend the knees, draw the ribs toward the hips, scoop through the abdominals and round the spine, chin tucked in and eyes on the knees"***
- "Keep the T-Zone and abdominals tight to support the back and help to balance on the sit bones"***
- "Keep the arms straight as you extend the legs, shoulder blades down and back"

To Make it Easier

- "Don't extend the legs fully"
- "Don't open the legs out as wide"
- "Rest the feet down between repetitions to re-set T-Zone"

To Make it Harder

- "Extend the leg fully"
- "Open the leg wider"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not rounding the spine as the knees bend
- Not sitting up tall as the legs extend - collapsing through the upper or lower back and pelvis, moving into a full posterior pelvic tilt/spinal flexion
- Opening the legs too wide
- Bending the elbows
- Twisting the knees
- Eyes looking in the wrong direction/poking the chin out – eyes should look at the knees the whole time
- Hunching the shoulders or tensing the neck
- Losing balance

Encourage and Inspire

- "Great work everyone!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, extend both legs, sitting up tall"
- "EXHALE, bend the knees and round the spine"

Ending the Exercise

- "…come back into tabletop position, and rest back down"

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Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Open Leg Rocker Preparation 1 (Single Leg)

Muscles and Movements

Target Muscles

- Internal and External Obliques to hold the body in position and round the spine when bending the knees (lumbar and thoracic spine flexion)
- Stretches the Hamstrings

Accessory Muscles

- Hip Flexors to raise and hold the legs up (hip flexion)
- Rectus Abdominus to hold the body in position and prevent the lower back from arching, and round the spine when the knees bend (lumbar and thoracic spine flexion)
- Quadriceps to straighten the knees (knee extension)
- Thoracic Erector Spinae to extend the upper back (thoracic extension)
- Anterior and Middle Deltoids to raise the arms (shoulder flexion)

Stabilising Muscles

- T-Zone to support the lower back
- Multifidus to stabilise the lower back
- Iliacus to draw the thigh bones into the hip sockets (stabilise the hip joints)
- Serratus Anterior to prevent the shoulder blades winging (Scapula protraction/lateral rotation)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck Flexors to tuck the chin in (upper cervical flexion)

Joint Mobility

- Increases hip flexion range of movement

Injuries/Caution

Lower Back Pain

- When up in the 'V' sit position, make sure that clients are sitting up tall and taking the roundness out of the upper back - avoid slumping or collapsing through the lower back
- When bending the knees, make sure that the spine rounds into the 'C' shape
- Focus on keeping the T-Zone tight and the abdominals flat and scooped
- If pain persists, try a different abdominal exercise

Lumbar Disc Injuries

- Avoid this for anyone with a Disc Bulge as it involves lumbar flexion

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Sciatica

- Avoid this exercise as it involves a neural tension position

Tight Hamstrings

- Clients with tight Hamstrings may not have the flexibility to perform this exercise
- Stretch the Hamstrings prior to this exercise

Knee Pain

- Take care that clients are not twisting through the knees
- Only open the legs slightly
- Don't open the legs as wide
- Keep the arms straight the whole time

Neck Pain or Shoulder Pain

- Really extend through the upper back as the legs extend
- Ensure that the shoulders are staying down and back and the arms are not pulling on the legs
- Keep the chin tucked in and eyes on the knees
- Try different hand positions to see what feels more comfortable (ie. try wrapping the arms around the outside of the thighs, holding onto the outside of the ankles)
- If pain persists, discontinue the exercise

Pubic Bone Pain

- Don't open the legs as wide
- Focus on keeping the T-Zone activated
- If pain persists, discontinue the exercise

Hip Pain, Hip Clicking or Hip Flexor Cramps

- Check that the T-Zone and Obliques are working
- Cue for Iliacus activation – think of using the inner thigh rather than the outer, reach through the toes and draw the thigh bone into the hip socket
- Perform the easier modification starting with the knees bent when sitting, then extending the legs as you roll back, then bend them as you return to sitting

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients should avoid this exercise in the first trimester if they feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- An advanced exercise which looks easy, but requires a lot of Hamstring flexibility, balance and control

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- It prepares clients to be able to perform Open Leg Rocker – although some clients may find it more challenging to perform this exercise and balance in the seated potion than to roll in and out of the position as in Open Leg Rocker
- Clients who are not flexible in their Hamstrings will not be able to perform this exercise
- As you extend the legs, the thoracic spine should extend into a neutral position, the lumbar spine should be imprinted
- In a group class, if a client can't perform the exercise, you could have them perform Teaser Preparation instead
- Different people may find different hand and leg positions more or less comfortable depending on their own body dimensions and flexibility - you can try overhand or underhand grip, on the top or sides of the ankles and placing the arms inside or outside the thighs

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #3: Guiding Leg Height and Position
- Thoracic Spine Positioning #4: Teaser

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Open Leg Rocker

Intensity=4 Difficulty=4

Cueing Formula

Exercise Tip: As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the Set Up rather than in the Breathing and Movement.

Name of Exercise

"Open Leg Rocker"

What and/or Where it Works

"This works the abdominals, challenges balance, stretches the back of the thighs and massages the spine"

Set Up

"Sitting with the legs in front, knees bent and open, soles of the feet together. Arms inside the legs, holding onto the front of the ankles/shins. Round your spine into a 'C' shape curve. Chin tucked in, eyes on the knees, shoulders down and back. T-Zone tight, raise the feet just off the mat, toes pointed."



Breathing and Movement

"INHALE, extend the legs straight and open them slightly, take the roundness out of the upper back and sit up tall"



"EXHALE, round the spine and roll back onto the shoulder blades"



"INHALE, roll back up to sitting and take the roundness out of the upper back and sit up tall"



Permission to Continue

- "Keep going, rocking backward and forward, and…"

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Concentration Points

- "As you roll back, draw the ribs toward the hips, scoop through the abdominals and round the spine, chin tucked in and eyes on the knees"***
- "Roll down one vertebra at a time until the shoulder blades are on the mat"***
- "When you roll back, only go as far as you can onto the upper back/shoulder blades, not the neck"***
- "As you roll up to sitting, lengthen through the crown of the head, take the roundness out of the upper back and sit up tall – aim for the top of your head to be at the same height as your toes"***
- "As you roll back, keep the legs in line with the head, not too close to the floor"
- "T-Zone tight to keep the abdominals flat and scooped and help to balance on the sit bones"***
- "Keep the legs about shoulder width apart and the arms straight the whole time"***
- "Shoulder blades down and back, chin tucked in, eyes looking at the knees"***

To Make it Easier

- "Allow the knees to bend slightly"

To Make it Harder

- None

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Not rounding the spine and rolling smoothly one vertebra at a time
- Rolling up too high on the neck and taking the feet too far over the head, losing control
- Not sitting up tall after rolling back up - collapsing through the upper or lower back and pelvis, moving into a full posterior pelvic tilt/spinal flexion
- Opening the legs too wide
- Bending the elbows
- Eyes looking in the wrong direction/poking the chin out – eyes should look at the knees the whole time
- Hunching the shoulders or tensing the neck
- Losing balance

Encourage and Inspire

- "Great control!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, roll back onto the shoulder blades"
- "EXHALE, roll up to sitting and find the balance"

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Ending the Exercise

- "… and roll back up to sitting, feet down and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Open Leg Rocker Preparation 2 (Double Leg), Rolling Like a Ball, Teaser Preparation - Level 2 (Legs Extended)

Muscles and Movements

Target Muscles

- Internal and External Obliques to hold the body in position and round the spine and roll the body backward and forward (lumbar and thoracic flexion)
- Stretches the Hamstrings

Accessory Muscles

- Hip Flexors to raise the legs and hold them up (hip flexion)
- Rectus Abdominus to round the spine (thoracic and lumbar flexion)
- Thoracic Erector Spinae to extend the upper back (thoracic extension)
- Anterior and Middle Deltoids to raise the arms (shoulder flexion)

Stabilising Muscles

- T-Zone to stabilise the lower back and draw the abdominals flat
- Multifidus to stabilise the lower back
- Iliacus to draw the thigh bones into the hip sockets (stabilise the hip joints)
- Serratus Anterior to prevent the shoulder blades winging (Scapula protraction/lateral rotation)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)

Joint Mobility

- Increases lumbar and hip flexion range of movement

Injuries/Caution

Lower Back Pain

- Avoid this exercise for anyone with any lower back pain
- When up in the 'V' sit position, make sure that clients are sitting up tall and taking the roundness out of the upper back - avoid slumping or collapsing through the lower back
- When rolling back, make sure that the spine rounds into the 'C' shape, and don't roll back too far or take the legs too far overhead

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- Focus on keeping the T-Zone tight and the abdominals flat and scooped
- If pain persists, try a different abdominal exercise

Lumbar, Thoracic and Cervical Disc Injuries

- Avoid this exercise as it involves lumbar, thoracic and cervical flexion

Sciatica

- Avoid this exercise as it involves a neural tension position

Tight Hamstrings

- Clients with tight Hamstrings may not have the flexibility to perform this exercise
- Stretch the Hamstrings prior to this exercise
- Perform the easier modification starting with the knees bent when sitting, then extending the legs as you roll back, then bend them as you return to sitting



INHALE



EXHALE

Modification Starting in Tabletop

Neck Pain or Shoulder Pain

- Don't roll too far back – you should only roll onto the shoulder blades/mid back, not the neck
- Really extend through the upper back as the legs extend
- Ensure that the shoulders are staying down and back and the arms are not pulling on the legs
- Keep the chin tucked in and eyes on the knees
- Try different hand positions to see what feels more comfortable (ie. try wrapping the arms around the outside of the thighs, holding onto the outside of the ankles)
- If pain persists, discontinue the exercise

Pubic Bone Pain

- Don't open the legs as wide
- Focus on keeping the T-Zone activated
- If pain persists, discontinue the exercise

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Hip Pain, Hip Clicking or Hip Flexor Cramps

- Check that the T-Zone and Obliques are working
- Cue for Iliacus activation – think of using the inner thigh rather than the outer, reach through the toes and draw the thigh bone into the hip socket
- Perform the easier modification starting with the knees bent when sitting, then extending the legs as you roll back, then bend them as you return to sitting

Osteoporosis

- Avoid this exercise

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients should avoid this exercise in the first trimester if they feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- An advanced exercise - looks easy, but requires a lot of Hamstring flexibility as well as balance and control
- Works well when programmed after Open Leg Rocker Preparation and Rolling Like a Ball
- In a group, if a client can't perform, you could have them perform Rolling Like a Ball instead
- As you roll back up to sitting, the thoracic spine should extend into a neutral position, the lumbar spine should be imprinted
- Different people may find different hand and leg positions more or less comfortable depending on their own body dimensions and flexibility - you can try overhand or underhand grip, on the top or sides of the ankles and placing the arms inside or outside the thighs
- When cueing the concentration points in this exercise, it works well to give one concentration point for the back part of the movement and then follow it with one concentration for the forward part of the movement as this flows the best with the rocking action

Palpations/Physical Corrections

It can be challenging to palpate clients in this exercise as the movement blocks access to the client's body. Ask the client to stop the movement to perform the palpations below, then encourage them to continue with the exercise.

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #3: Guiding Leg Height and Position
- Thoracic Spine Positioning #4: Teaser

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Full Teaser

Intensity=4 Difficulty=4

Cueing Formula

Exercise Tip: To make it easier, try using an imprinted spine when in the 'V' sit position and when lying flat.

Note that if using an imprinted spine, you should still think of extending the upper back and avoid slumping and rounding the spine.

Name of Exercise

"Full Teaser"

What and/or Where it Works

"This works the abdominals and the front of the thighs"

Set Up

"Lying on the back with the legs extended out straight, squeezed together and toes pointed. Arms overhead on the mat, palms facing up, shoulders down and back, chin tucked in. Neutral spine, T-Zone tight."



Breathing and Movement

"INHALE, take the arms up toward the ceiling"



"EXHALE, tuck the chin, sweep the arms down and use the abdominals to roll the body up one vertebra at a time…



…and lift the legs up into a 'V'. Sitting up tall on the sit bones"



"INHALE, raise the arms overhead"



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"EXHALE, tuck the Pubic Bone toward the belly button and roll the spine backward one vertebra at a time…"



"… lowering the legs and arms to the start position"



Permission to Continue

- "Keep going and…"

Concentration Points

- "Use the abdominals to control, rolling up and down one vertebra at a time"***
- "Flatten and scoop the T-Zone while moving and to hold the teaser position at the top"***
- "Make a 'V' shape with the body – thighs and torso should be roughly at 90 degrees"***
- "Maintain a neutral spine at the top in the teaser position, sitting tall on the sit bones and chest open"***
- "Squeeze the legs together, pointing the toes"***
- "Imprint the spine when rolling up and down"***
- "When rolling back down, tuck the Pubic Bone toward the belly button and start to imprint the spine before lowering the legs"***
- "Shoulders down and back, chin tucked in, lengthen through the crown of the head"***

To Make it Easier

- "Don't raise the legs as high"
- "Use an imprinted spine position"

To Make it Harder

- "Raise the legs higher"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Using momentum or using the arms too much to roll up and down rather than the abdominals
- Not rolling up/down one vertebra at a time
- Arching the lower back, letting the T-Zone and abdominals relax – either when lying flat in the Set Up position, or not tucking the Pubic Bone to the belly button and using the abdominals to control the rolling back down movement
- Letting the T-Zone go, bulging the abdominals
- Overusing the Hip Flexors to hinge up – not keeping the legs squeezed together or lifting the legs prior to rolling the upper body up
- Collapsing the pelvis into a full posterior tilt/spinal flexion when in teaser position at the top
- Tensing the neck, hunching the shoulders, poking the chin out

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- Losing balance, falling forward and putting the feet down
- Losing balance and falling backward

Encourage and Inspire

- "Incredible!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, curl the body up, sitting up tall into the 'V' shape"
- "INHALE, T-Zone"
- "EXHALE, roll the body down, lowering the arms and legs to the start position"

Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Teaser Level 2 (Legs Extended), Rollup + Hamstring Stretch

Muscles and Movements

Target Muscles

- Internal and External Obliques to roll the body up and down (thoracic and lumbar flexion) and prevent the lower back from arching or the ribs flaring
- Hip Flexors to raise the legs (hip flexion)

Accessory Muscles

- Rectus Abdominus to roll the body up (thoracic and lumbar flexion) and control it rolling down
- Adductors to squeeze the legs together (hip adduction)
- Quadriceps to keep the knees straight (knee extension)
- Anterior and Middle Deltoids to raise the arms (shoulder flexion)
- Rotator Cuff to stabilise the shoulder joints

Stabilising Muscles

- T-Zone to support the lower back
- Multifidus to stabilise the lower back
- Iliacus to draw the thigh bones into the hip sockets (stabilise the hip joints)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

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- Deep Neck Flexors to tuck the chin in (upper cervical flexion)

Joint Mobility

- Increases lumbar and thoracic flexion range of movement

Injuries/Caution

Lower Back Pain or Lumbar Disc Injuries

- Avoid this exercise for anyone with any lower back pain or lumbar disc injuries
- When lying on the back, ensure that the spine is imprinted and the legs are in the correct tabletop position
- When in the 'V' sit teaser position, ensure that the spine is neutral, not arching or rounding
- If a client is unable to obtain a neutral spine in the 'V' sit position, try using an imprinted spine, but avoid slumping back, posteriorly tilting the pelvis and rounding the spine
- Lordotic clients with tight Hip Flexors find it difficult to roll up and down and prevent the back from arching
- Keep the legs squeezed together and the toes pointed to switch off the Hip Flexors
- Focus on keeping the T-Zone tight and the abdominals flat and scooped
- Focus on rolling the spine up and down one vertebra at a time with control
- If pain persists, try a different abdominal exercise such as Teaser Preparation instead

Sciatica

- Avoid this exercise as it involves a neural tension position

Tight Hamstrings

- Stretch the Hamstrings prior to this exercise
- Clients may need to perform Teaser Level 1 instead (with the legs in tabletop position)

Hip Pain, Hip Clicking or Hip Flexor Cramps

- Check that the T-Zone and Obliques are working
- Keep the legs squeezed together
- Cue for Iliacus activation – think of using the inner thigh rather than the outer thigh to raise and lower legs, reach through the toes and draw the thigh bone into the hip socket
- Go back to performing Teaser (Level 1 or Level 2)

Shoulder Pain, Neck Pain or Cervical Disc Injuries

- Relax the shoulders and neck, focus on using the abdominals instead
- Ensure that the shoulder blades are drawing down and back
- Keep the chin tucked in as you roll up and down
- Avoid for a cervical Disc Bulge, keep head down

Osteoporosis

- Avoid this exercise

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Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients should avoid this exercise in the first trimester if they feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a very difficult exercise to perform and requires a large amount of abdominal strength, flexibility, coordination and control
- Even though it is technically more difficult than Teaser, some clients may actually find this exercise easier to roll up and down in because their legs are extended, rather than bending them into tabletop position
- Lordotic clients will find it very difficult to lie in the start position with the legs extended out straight without their back arching, and find it difficult to roll up
- If you prescribe it to a client who is not strong or flexible enough, they may injure themselves or fall off the box
- Works well when performed after Teaser or Rollup + Hamstring Stretch so the abdominals are warmed up

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #1: Squeeze the Legs Together
- Leg Positioning #3: Guiding Leg Height and Position
- Scapula Setting #1: In Between the Shoulder Blades
- Thoracic Spine Positioning #4: Teaser

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Rollover

Intensity=4 Difficulty=3.5

Cueing Formula

Exercise Tip: This exercise can be difficult for clients to understand the movement. It is best to demonstrate this exercise, but if you can't do this you will need to talk them through the exercise clearly and get hands on to help them perform the movement.

Once you cue people to extend their legs out at a 45-degree angle, it quite hard to hold this position, so immediately cue the movement to start rolling over so the client is not hanging there with their legs extended.

Name of Exercise

"Rollover"

What and/or Where it Works

"This works the abdominal muscles
and stretches the spine and the back of the legs"

Set Up

"Lying on the back, arms by the sides, palms down, shoulder blades down and back, chin tucked in. Spine imprinted, legs in tabletop position, legs squeezed together. T-Zone tight, extend the legs out at a 45 degree angle, toes pointed."



Breathing and Movement

"INHALE, take the legs up toward the ceiling"



"EXHALE, take the legs over the head, rolling the spine off the mat until you are on the shoulder blades, flex the feet and touch the toes to the floor overhead"



"INHALE, raise the legs to horizontal and separate them to shoulder width apart"



"EXHALE, roll back down one vertebra at a time…"



"… and lower the legs to a 45 degree angle, squeezing the legs together, toes pointed"

Permission to Continue

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- "Keep going and.."

Concentration Points

- "Roll the spine up and down one vertebra at a time, really using the abdominals and keeping the T-Zone tight"***
- "Use the breath out to curl the ribs toward the hips, engaging the abdominals to rollover"***
- "When you rollover, flex the feet and try to lower the legs all the way to the mat"***
- "Try not to press through the arms too much to help you lift up"***
- "Keep the knees straight, use the abdominals to control the movement on the way down"***
- "As you roll back down, keep the legs horizontal until your lower back touches the mat, then start to lower the legs out"***
- "When you lower the legs out, draw the ribs to the hips and only lower as far as possible so that your back doesn't arch"***
- "Keep the movement controlled, try not to use momentum"***

To Make it Easier

- "Don't take the legs all the way back to touch the mat"
- "Don't lower the legs down as far after you roll back down"

To Make it Harder

- "Really flex the feet and lower the legs all the way to touch the mat"
- "Lower the legs further toward the floor after you roll back down (without arching the back)"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Having the legs apart in the start position, they should be squeezed together
- Lowering the legs too far, arching the back – in the start position or after rolling back down
- Not raising the legs to vertical first, lifting the tailbone too early, blending the movements
- Using momentum rather than controlling the movement with the abdominals
- Losing the T-Zone, tensing or bulging the abdominals
- Not rolling up and down, one vertebra at a time
- Resting too long when the feet are on the floor, losing the abdominal activation
- Letting the pelvis or the lower back sag down when in the rolled over position
- Pressing too much with the arms, tensing the neck and shoulders
- Rolling up too high onto the neck
- Not rolling up high enough onto the shoulder blades, sagging through the upper back
- Bending the knees

Encourage and Inspire

- "Great job!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, legs together and raise to vertical"
- "EXHALE, roll the spine up and take the legs to touch the floor "
- "INHALE, raise the legs to horizontal, slightly apart"
- "EXHALE, roll down and lower legs keeping them apart"

Ending the Exercise

- "...and roll the spine down one vertebra at a time, lowering the legs, then bend the legs into tabletop and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Double Leg Lowers, Spine Stretch, Rollup

Muscles and Movements

Target Muscles

- Internal and External Obliques to roll the body up and down (thoracic and lumbar flexion) and prevent the lower back from arching or the ribs flaring
- Stretches the Hamstrings

Accessory Muscles

- Rectus Abdominus to roll the body up (thoracic and lumbar flexion) and control it rolling down
- Hip Flexors to raise (hip flexion) and lower (eccentrically controlling hip extension) the legs
- Quadriceps and Adductors to keep the knees straight and squeezed together (knee extension and hip adduction)

Stabilising Muscles

- Latissimus Dorsi and Triceps to press the arms into the mat (shoulder extension)
- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stabilise the hips and prevent clicking as the legs lower

Joint Mobility

- Increases cervical, thoracic and lumbar flexion range of movement

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Injuries/Caution

Lower Back Pain

- Avoid this exercise for clients with any type of back pain
- If pain is felt during the exercise, make sure that the movements are controlled and the abdominals are performing the movement, the T-Zone is tight
- Keep the hips up high, and don't let the lower back round or sag through – if the hips start to drop toward the mat and the lower back rounds, this can place strain on the lower back
- Keep the T-Zone and abdominals tight to support the spine
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid this exercise as it involves cervical, thoracic and lumbar flexion

Sciatica

- Avoid this exercise as it involves a neural tension position

Hip Pain or Hip Clicking

- Don't lower the legs down as far after rolling down
- Check that the T-Zone and Obliques are working
- Keep the legs squeezed together the whole time
- Cue for Iliacus activation – think of using the inner thigh rather than the outer thigh to lower the legs, reach through the toes and draw the thigh bone into the hip socket

Upper Back Pain

- Avoid this exercise for clients with upper back pain as it involves rolling up onto the upper back area and can place strain on the spine
- Don't roll up as high onto the neck – keep the pressure more onto the shoulder blades
- Don't take the legs too far overhead or lower them all the way to the floor
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Neck Pain

- Avoid this exercise for clients with neck pain or disc problems as it involves rolling up onto the neck area and can place strain on the neck
- Don't roll up as high onto the neck – keep the pressure more onto the shoulder blades
- If clients are not strong enough to perform this exercise, they may feel pain in their neck

Osteoporosis

- Avoid this exercise

Pregnancy

- This exercise is safe to perform for most clients in the first trimester

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- Clients should avoid this exercise in the first trimester if they feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a very difficult exercise to perform and requires a large amount of abdominal strength, flexibility, co-ordination and control
- If you prescribe it to a client who is not strong or flexible enough, they may injure themselves
- Always perform this exercise after easier exercises from the Supine Abdominal Series such as Double Leg Lowers so that the abdominals are warmed up
- When programming this exercise into a class, you may wish to start the class off with some spinal flexion and Hamstring stretches to assist with the flexibility required eg. Rolldown Stretch, Spine Stretch or Rollup + Hamstring Stretch
- The exercise doesn't require quite as much abdominal strength as Jacknife, but does require more flexibility in the Hamstrings

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #1: Squeeze the Legs Together
- Pelvic Positioning #14: Rolling the Spine Up
- Leg Positioning #3: Guiding Leg Height and Position

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Jacknife

Intensity=4 Difficulty=4

Cueing Formula

Exercise Tip: This exercise can be difficult for clients to understand the movement. It is best to demonstrate this exercise, but if you can't do this you will need to talk them through the exercise clearly and get hands on to help them perform the movement.

Once you cue people to extend their legs out at a 45 degree angle, it quite hard to hold this position, so immediately cue the movement to start rolling over so the client is not hanging there with their legs extended.

Name of Exercise

"Jacknife"

What and/or Where it Works

"This works the abdominal muscles
and stretches the spine and the back of the legs"

Set Up

"Lying on the back, arms by the sides, palms down, shoulder blades down and back, chin tucked in. Spine imprinted, legs in tabletop position, legs squeezed together. T-Zone tight, extend the legs out at a 45 degree angle, toes pointed."



Breathing and Movement

"INHALE, take the legs up toward the ceiling"



"EXHALE, take the legs over the head, rolling the spine off the mat until you are on the shoulder blades and the legs are horizontal"



"INHALE, squeeze the buttocks, take the legs vertical, reaching the toes toward the ceiling, lengthening the body"



"EXHALE, roll back down one vertebra at a time…"



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"…and lower the legs to a 45 degree angle"



Permission to Continue

- "Keep going and..,"

Concentration Points

- "Roll the spine up and down one vertebra at a time, really using the abdominals and keeping the T-Zone tight"***
- "When you raise the legs up, squeeze the abdominals and buttocks and really reach up to the ceiling with the toes, raising up higher onto the shoulders and elongating the spine"***
- "Try not to press through the arms too much to help you lift up"***
- "Keep the knees straight and squeezed together"***
- "As you roll back down, keep the legs vertical, don't let the legs move toward the head"***
- "When you lower the legs out, draw the ribs to the hips and only lower as far as possible so that your back doesn't arch"***

To Make it Easier

- "Lower the legs toward the head slightly before rolling down"
- "Don't lower the legs down as far after you roll back down"

To Make it Harder

- "As you roll down, keep the legs vertical, pointing straight up toward the ceiling"
- "Lower the legs further toward the floor after you roll back down (without arching the back)"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Having the legs apart in the start position, they should be squeezed together
- Lowering the legs too far, arching the back – in the start position or after rolling back down
- Using momentum rather than controlling the movement with the abdominals
- Losing the T-Zone, tensing or bulging the abdominals
- Not rolling up and down, one vertebra at a time
- Rolling up too high onto the neck
- Not rolling high enough onto the shoulder blades, rounding in the upper back
- Sagging through the pelvis and lower back
- Not fully extending the hips when reaching for the ceiling (keeping the legs over the head rather than trying to take them vertical)
- Pressing too much with the arms, tensing the neck and shoulders
- Bending the knees or separating the legs

Encourage and Inspire

- "Fabulous! Keep it up!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, take the legs to vertical"
- "EXHALE, roll up onto the shoulder blades, taking the legs overhead to horizontal"
- "INHALE, squeeze the buttocks and take the legs up to vertical"
- "EXHALE, roll back down, then lower the legs out"

Ending the Exercise

- "...and roll the spine down one vertebra at a time, lowering the legs, then bend the legs into tabletop and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Rollover, Rollup

Muscles and Movements

Target Muscles

- Internal and External Obliques to roll the body up and down (thoracic and lumbar flexion) and prevent the lower back from arching or the ribs flaring

Accessory Muscles

- Rectus Abdominus to roll the body up (thoracic and lumbar flexion) and control it rolling down
- Gluteus Maximus and Hamstrings to extend the hips when reaching the legs up toward the ceiling (hip extension)
- Hip Flexors to raise (hip flexion) and lower (eccentrically controlling hip extension) the legs
- Quadriceps and Adductors to keep the knees straight and squeezed together (knee extension and hip adduction)

Stabilising Muscles

- Latissimus Dorsi and Triceps to press the arms into the mat (shoulder extension)
- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stabilise the hips and prevent clicking as the legs lower

Joint Mobility

- Increases cervical, thoracic and lumbar flexion range of movement

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Injuries/Caution

Lower Back Pain

- Avoid this exercise for clients with any type of back pain
- If pain is felt during the exercise, make sure that the movements are controlled and the abdominals are performing the movement, the T-Zone is tight
- Don't lower the legs as far after rolling down
- Keep the hips up high, and don't let the lower back round or sag through – if the hips start to drop toward the mat and the lower back rounds, this can place strain on the lower back
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid this exercise as it involves cervical, thoracic and lumbar flexion

Sciatica

- Avoid this exercise as it involves a neural tension position

Hip Pain or Hip Clicking

- Don't lower the legs down as far after rolling down
- Check that the T-Zone and Obliques are working
- Cue for Iliacus activation – think of using the inner thigh rather than the outer thigh to lower the legs, reach through the toes and draw the thigh bone into the hip socket
- Keep the legs squeezed together

Upper Back Pain

- Avoid this exercise for clients with upper back pain as it involves rolling up onto the upper back area and can place strain on the spine
- When you take the legs vertical, make sure that the legs are going straight up to vertical and are not overhead – this can place more strain on the upper back
- Try not to press through the arms too much, focus on using the abdominals
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Neck Pain

- Avoid this exercise for clients with neck pain or disc problems as it involves rolling up onto the neck area and can place strain on the neck
- Don't roll up as high onto the neck – keep the pressure more onto the shoulder blades
- Try not to press through the arms too much and don't roll up as high onto the neck – keep the pressure more onto the shoulder blades
- If clients are not strong enough to perform this exercise, they may feel pain in their neck

Osteoporosis

- Avoid this exercise

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Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients should avoid this exercise in the first trimester if they feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a very difficult exercise to perform and requires a large amount of abdominal strength, flexibility, co-ordination and control
- If you prescribe it to a client who is not strong or flexible enough, they may injure themselves
- Always perform this exercise after easier exercises from the Supine Abdominal Series so that the abdominals are warmed up
- Works well when performed after Rollover, as Rollover teaches the rolling up and down movements
- When programming this exercise into a class, you may wish to start the class off with some spinal flexion and Hamstring stretches to assist with the flexibility required eg. Rolldown Stretch, Spine Stretch or Rollup + Hamstring Stretch

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #1: Squeeze the Legs Together
- Pelvic Positioning #14: Rolling the Spine Up
- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes

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Controls Balance

Intensity=4 Difficulty=4

Exercise Tip: This exercise can be difficult for clients to understand the movement. It is best to demonstrate this exercise, but if you can't do this you will need to talk them through the exercise clearly and get hands on to help them perform the movement.

Once you cue people to extend their legs out at a 45 degree angle, it quite hard to hold this position, so immediately cue the movement to start rolling over so the client is not hanging there with their legs extended.

Please note that there is a specific way to end this exercise and it is incredibly important to cue clients how to rest back down and complete the movement.

Cueing Formula

Name of Exercise

"Controls Balance"

What and/or Where it Works

"This works the abdominal muscles, balance and stretches the spine and the back of the legs"

Set Up

"Lying on the back, arms by the sides, palms down, shoulder blades down and back, chin tucked in. Spine imprinted, legs in tabletop position, legs squeezed together. T-Zone tight, extend the legs out at a 45 degree angle, toes pointed."



Breathing and Movement

"INHALE, take the legs up toward the ceiling"



"EXHALE, take the legs over the head, rolling the spine off the mat until you are on the shoulder blades, balls of the feet on the floor, hip distance, feet flexed"



"INHALE, circle the arms around, hold the right ankle and raise the left leg"



"EXHALE, take the left leg to the ceiling, toes pointed"



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"INHALE, lower the left leg, toes to the mat and grasp the left ankle"



"EXHALE, reach the right toes up to the ceiling"



Perform 3 repetitions on each leg

Permission to Continue

- "Keep going and…"

Concentration Points

- "When you raise the leg up, tighten the T-Zone and abdominals, squeeze the buttocks and really reach up to the ceiling with the toes, raising up higher onto the shoulders and elongating the spine"***
- "When you lower the leg to the mat, keep the knee straight, place the ball of the foot on the mat, foot flexed and lengthen through the heel"***
- "Keep the weight on the shoulder blades, don't take too much weight through the neck"***
- "Keep the pelvis still and square to the front, don't let the pelvis rotate or one hip hitch"***
- "As you roll down, keep the legs horizontal, try not to let the legs move toward the head"***
- "When you lower the legs out, draw the ribs to the hips and only lower as far as possible so that your back doesn't arch"***
- "Roll the spine up and down one vertebra at a time, really using the abdominals and keeping the T-Zone tight"***

To Make it Easier

- "Scissor the legs more slowly"
- "Don't lower the legs as far down toward the mat after you roll the spine back down"

To Make it Harder

- "Lower the legs further toward the mat after you roll back down (without arching the back)"
- "Really reach the leg up to vertical"

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Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Having the legs apart in the start position, they should be squeezed together
- Lowering the legs too far, arching the back – in the start position or after rolling back down
- Losing the T-Zone, tensing or bulging the abdominals
- Rolling up too high onto the neck, tensing the neck and shoulders
- Not rolling high enough onto the shoulder blades, sagging through the pelvis and lower back
- Not fully extending the hips when reaching for the ceiling (keeping the legs over the head rather than trying to take them vertical)
- Not reaching through the toes and lifting the pelvis when raising the leg up to the ceiling – slouching and sinking through the spine and pelvis
- Rotating the pelvis or hitching one hip
- Bending the knee of the leg that you are grasping, not reaching through the heel
- Using momentum when rolling the spine up and down rather than controlling the movement with the abdominals
- After rolling back down, lowering the legs too far and arching the lower back

Encourage and Inspire

- "Amazing control!

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, grasp one ankle"
- "EXHALE, raise the other leg up to the ceiling, toes pointed"
- "INHALE, switch the legs"
- "EXHALE, scissor the other leg up to the ceiling and grasp the other leg"

Ending the Exercise

- "INHALE, circle the arms back around, placing them by the sides, take the legs to horizontal, T-Zone. EXHALE, roll down one vertebra at a time and lower the legs to a 45 degree angle"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Rollover, Jacknife

Muscles and Movements

Target Muscles

- Stretches the Hamstrings

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- Internal and External Obliques to roll the body up and down (thoracic and lumbar flexion), prevent the lower back arching or ribs flaring, and hold the body still when scissoring the legs

Accessory Muscles

- Rectus Abdominus to roll the body up (thoracic and lumbar flexion) and control it rolling down
- Gluteus Maximus and Hamstrings to extend the hips when reaching the legs up toward the ceiling (hip extension)
- Hip Flexors to raise (hip flexion) and lower (eccentrically controlling hip extension) the legs
- Quadriceps to keep the knees straight (knee extension)

Stabilising Muscles

- Deltoids to press the arms into the mat (shoulder flexion)
- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Rotator Cuff to stabilise the shoulder joints
- Iliacus to stabilise the hips and prevent clicking as the legs lower

Joint Mobility

- Increases cervical, thoracic and lumbar flexion range of movement

Injuries/Caution

Lower Back Pain

- Avoid this exercise for clients with any type of back pain
- If pain is felt during the exercise, make sure that the movements are controlled and the abdominals are performing the movement, the T-Zone is tight
- Make sure that you elongate the spine, raising the pelvis and reaching through the toes when the leg extends up to avoid sinking or slouching through the spine
- Don’t lower the legs as far after rolling down
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid this exercise as it involves cervical, thoracic and lumbar flexion

Sciatica

- Avoid this exercise as it involves a neural tension position

Hip Pain or Hip Clicking

- Don’t lower the legs down as far after rolling down
- Check that the T-Zone and Obliques are working
- Cue for Iliacus activation – think of using the inner thigh rather than the outer thigh to lower the legs, reach through the toes and draw the thigh bone into the hip socket

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- Keep the legs squeezed together

Upper Back Pain

- Avoid this exercise for clients with upper back pain as it involves rolling up onto the upper back area and can place strain on the spine
- When you take the legs vertical, make sure that the legs are going straight up to vertical and are not overhead – this can place more strain on the upper back
- Make sure that you elongate the spine, raising the pelvis and reaching through the toes when the leg extends up to avoid sinking or slouching through the spine
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Neck Pain

- Avoid this exercise for clients with neck pain or disc problems as it involves rolling up onto the neck area and can place strain on the neck
- Try not to press through the arms too much and don't roll up as high onto the neck – keep the pressure more onto the shoulder blades
- If clients are not strong enough to perform this exercise, they may feel pain in their neck

Shoulder Pain

- Try not to press through the arms too much
- Keep the arms by the sides

Osteoporosis

- Avoid this exercise

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients should avoid this exercise in the first trimester if they feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This is a very difficult exercise to perform and requires a large amount of abdominal strength, flexibility, co-ordination and control
- Avoid this exercise for clients with any pain in their lower or upper back, neck or Sciatica
- Works well when performed after Rollover, as it teaches the rolling up and down movements
- When programming this exercise into a class, you may wish to start the class off with some spinal flexion and Hamstring stretches to assist with the flexibility required eg. Rolldown Stretch, Spine Stretch or Rollup + Hamstring Stretch
- It is much easier balance wise to slow the movements down and swap the legs over slowly – increasing the speed and switching the legs mid-air makes it a lot harder to balance and control
- We do not recommend staying in the rollover position to perform a greater number of repetitions because it places a lot of pressure on the neck

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Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #1: Squeeze the Legs Together
- Pelvic Positioning #14: Rolling the Spine Up
- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes

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Corkscrew

Intensity=4 Difficulty=4

Cueing Formula

Exercise Tip: This exercise can be difficult for clients to understand the movement. It is best to demonstrate this exercise, but if you can't do this you will need to talk them through the exercise clearly and get hands on to help them perform the movement.

Once you cue people to extend their legs out at a 45 degree angle, it quite hard to hold this position, so immediately cue the movement to start rolling over so the client is not hanging there with their legs extended.

Please note that there is a specific way to end this exercise and it is incredibly important to cue clients how to rest back down and complete the movement.

Name of Exercise

"Corkscrew"

What and/or Where it Works

"This works the abdominal muscles and stretches the spine and the back of the legs"

Set Up

"Lying on the back, arms by the sides, palms down, shoulder blades down and back, chin tucked in. Spine imprinted, legs in tabletop position, legs squeezed together. T-Zone tight, extend the legs out at a 45 degree angle, toes pointed."



Breathing and Movement

"INHALE, take the legs to vertical"



"EXHALE, take the legs over the head, rolling the spine off the mat until you are on the shoulder blades and the legs are horizontal"



"INHALE, take the legs slightly to one side"



"EXHALE, roll down on the side of the spine…"

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"circling the legs down and around through the middle…"



"…then sweep them the other side, roll up one vertebra at a time on the other side of the spine…"



"…taking the legs back up over the body to horizontal"

"Keep going and alternate the direction that you are circling so that you -"

"INHALE, take the legs to the side you just rolled up on"

"EXHALE, circle the legs down and around in the other direction, away from you then roll up one vertebra at a time on the other side, taking the legs back up over the body to horizontal"

Permission to Continue

- "Keep going, reversing the direction of the circle each time and…"

Concentration Points

- "Roll the spine up and down one vertebra at a time, really using the abdominals and keeping the T-Zone tight"***
- "Focus on rolling up and down on the side of the spine that the legs are pointing toward"***
- "As you circle around, try not to hitch one hip or shorten one side of the waist – keep an even distance down both sides of the body between shoulder and hip"***
- "Try not to press through the hands too much to help you lift up"***
- "Keep the knees straight and squeezed together"***
- "When you lower the legs as they circle around, only lower them as far as possible so that your back doesn't arch"***

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To Make it Easier

- "Don't circle the legs as wide or low"
- "Circle the legs more slowly and add an extra breath in as you circle them - follow the breathing patten of -"

  "INHALE, take the legs slightly over to one the side"

  "EXHALE, as you roll down one side of the spine, circle the legs down"

  "INHALE, sweep the legs to the other side"

  "EXHALE, roll up the other side of the spine"

To Make it Harder

- "Take the legs further out to the side and circle them lower"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Pushing through the arms too much, tensing the neck and shoulders
- Rolling up too high onto the neck
- Using momentum rather than controlling the movement with the abdominals
- Taking the legs too far out to the side of the body and losing control
- Laterally flexing the spine rather than a pure rotation – hitching one hip up toward the ribcage and twisting the hips
- After rolling back down, lowering the legs too far and arching the lower back
- Bending the knees or separating the legs

Encourage and Inspire

- "Great work!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, roll up and take the legs overhead"
- "INHALE, take the legs over to the side"
- "EXHALE, roll the spine down, circle the legs down and around and take them the other side, rolling back up and returning the legs to horizontal"
- "INHALE, reverse direction and take the legs to the other side"
- "EXHALE, roll down, circle the legs around, to the other side and roll back up, legs horizontal"

Ending the Exercise

- "…and legs back to centre and horizontal, roll the spine down one vertebra at a time, lowering the legs, then bend the legs into tabletop and rest"

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Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Pendulum 4 (Legs Straight), Corkscrew Preparation

Muscles and Movements

Target Muscles

- Internal and External Obliques to roll the body up and down (thoracic and lumbar flexion), rotate the legs to the side (lumbar rotation) and prevent the back arching or the ribs flaring

Accessory Muscles

- Rectus Abdominus to roll the body up (thoracic and lumbar flexion) and control it rolling down
- Hip Flexors to raise (hip flexion) and lower (eccentrically controlling hip extension) the legs
- Quadriceps to straighten the knees (knee extension)
- Quadriceps and Adductors to keep the knees straight and squeezed together (knee extension and hip adduction)

Stabilising Muscles

- Latissimus Dorsi and Triceps to press the arms into the mat (shoulder extension)
- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stabilise the hips and prevent clicking as the legs lower

Joint Mobility

- Increases cervical, thoracic and lumbar flexion range of movement
- Increases thoracic and lumbar rotation range of movement

Injuries/Caution

Lower Back Pain

- Avoid this exercise for clients with any type of back pain
- If pain is felt during the exercise, make sure that the movements are controlled and the abdominals are performing the movement, the T-Zone is tight
- Don’t take the legs as far out to the side or lower the legs as far
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid this exercise as it involves cervical, thoracic and lumbar flexion

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Sciatica

- Avoid this exercise as it involves a neural tension position

Hip Pain or Hip Clicking

- Don't lower the legs as far after rolling down
- Check the T-Zone and Obliques are working
- Cue for Iliacus activation – think of using the inner thigh rather than the outer thigh to extend the leg, reach through the toes, draw the thigh bone into the hip socket
- Keep the legs squeezed together

Upper Back Pain

- Avoid this exercise for clients with upper back pain as it involves rolling up onto the upper back area and can place strain on the spine
- Try not to press through the arms too much, focus on using the abdominals
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Neck Pain

- Avoid this exercise for clients with neck pain or disc problems as it involves rolling up onto the neck area and can place strain on the neck
- Ensure that the head rest is flat and there is no head cushion as this can place the neck into too much flexion
- Try not to press through the arms too much and don't roll up as high onto the neck – keep the pressure more onto the shoulder blades
- If clients are not strong enough to perform this exercise, they may feel pain in their neck

Osteoporosis

- Avoid this exercise

Shoulder Pain

- Try not to press through the arms too much

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients should avoid this exercise in the first trimester if they feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- This exercise is a very difficult exercise to perform and requires a large amount of abdominal strength, flexibility, co-ordination and control
- If you prescribe it to a client who is not strong or flexible enough, they may injure themselves
- Always perform this exercise after easier supine abdominal exercises such as Double Leg Lowers or Pendulum so that the abdominals are warmed up

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- In a group class, you may wish to have some clients performing Corkscrew whilst others perform Corkscrew Preparation

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #2: Oblique Lines
- Ab Activation #3: Ribs to Hips (Obliques)
- Leg Positioning #1: Squeeze the Legs Together
- Leg Positioning #3: Guiding Leg Height and Position
- Pelvic Positioning #14: Rolling the Spine Up

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Boomerang

Intensity=4 Difficulty=4

Cueing Formula

Exercise Tip: This exercise can be difficult for clients to understand the movement. It is best to demonstrate this exercise, but if you can't do this you will need to talk them through the exercise clearly and get hands on to help them perform the movement.

If clients are finding it difficult to coordinate this exercise, you can cue the movement first, then once they are performing the movement correctly add in the breathing.

Name of Exercise

"Boomerang"

What and/or Where it Works

"This works the abdominals, front of the thighs and stretches the spine and back of the legs and chest"

Set Up

"Sit with the legs out straight in front, cross the right ankle over the left, palms on the mat beside you. Neutral spine, sitting up tall, lengthen through the crown of the head."



Breathing and Movement

"INHALE, T-Zone"

"EXHALE, lift the legs up slightly, then roll the spine back, taking the legs overhead to horizontal"



"INHALE, open the legs and switch them over"



"EXHALE, roll the spine back down, rolling into the Teaser position, arms reaching toward the toes"



"INHALE, arms overhead…"

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"…circle them around and clasp the hands together behind the body, stretching the arms back"



"EXHALE, use your stomach to lean the body forward, chest toward the knees as you lower the legs to the mat…"



"…circle the arms around and grasp the feet"



"INHALE, roll the spine up one vertebra at a time to sitting, hands by the sides"



Repeat the movement starting with the left leg crossed over the right.

Permission to Continue

- "Keep going and…"

Concentration Points

- "Use your breath out to draw the ribs toward the hips and engage the abdominals, helping you to raise the legs and roll over"***
- "When you take the legs to horizontal, keep the weight on the shoulders, not the neck"***
- "Quickly open the legs to shoulder width and cross them over, use the outer and inner thighs"***
- "When you roll into the teaser position, lengthen through the spine and sit up tall on the sit bones, neutral spine"***
- "Keep the body still in the teaser position as you reach the arms overhead, and when you clasp the arms behind you, really stretch the arms back and open the chest"***
- "As you lower the legs to the mat, use the abdominals to keep the body leaning forward and as close to the legs as possible"***
- "Keep the shoulders down and back as you circle the arms around to grasp the feet"***

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- "Lean the body and head as close to the legs as possible to stretch"***
- "Keep the movement controlled, try not to use momentum"***
- "Roll the spine up and down one vertebra at a time, really using the abdominals and keeping the T-Zone tight"***

To Make it Easier

- "Don't lean as far forward into the stretch"
- "Don't stretch the arms as far behind the body"

To Make it Harder

- "Lean the body further forward into the stretch"
- "Stretch the arms further behind the body"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Using momentum rather than controlling the movement with the abdominals when rolling back and taking the legs to horizontal
- Pressing too much with the arms, tensing the neck and shoulders
- Rolling up too high onto the neck
- Not rolling up high enough onto the shoulder blades, sagging through the upper back
- Not keeping the legs horizontal as they open and swap over, or opening the legs too wide
- Losing T-Zone or tensing/bulging the abdominals
- When in the teaser position, collapsing the pelvis into a full posterior tilt/spinal flexion
- Losing the teaser position and overbalancing forward or backward, or dropping the legs
- When lowering the legs to the mat, not using the abdominals to keep the body leaning forward over legs/not keeping the chest close to the legs
- Tensing the neck, hunching the shoulders
- Not rolling up and down one vertebra at a time, letting the legs lead or lag behind
- Incorrect movement or coordination

Encourage and Inspire

- "Wonderful control!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, lift the legs and roll back taking the legs overhead"
- "INHALE, open the legs then cross them the other way"
- "EXHALE, roll up into the teaser position"
- "INHALE, arms overhead, circle around, clasp the hands and reach behind the body"
- "EXHALE, lean the body toward the legs and lower the legs to the mat, circle the arms, grasp the feet and stretch forward"
- "INHALE, roll the spine up to sitting"

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Ending the Exercise

- "…and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Rollover, Full Teaser, Spine Stretch

Muscles and Movements

Target Muscles

- External and Internal Obliques to roll the body up and down (thoracic and lumbar flexion) and prevent the lower back from arching or the ribs flaring
- Hip Flexors to raise the legs (hip flexion)
- Stretches the Hamstrings, Pectoralis Major, Pectoralis Minor and Biceps

Accessory Muscles

- Rectus Abdominus to roll the body up (thoracic and lumbar flexion) and control it rolling down
- Adductors to squeeze the legs together (hip adduction)
- Gluteus Medius to open the legs (hip abduction)
- Quadriceps to keep the knees straight (knee extension)
- Deltoids to raise the arms, circle the arms around and clasp them behind the body (shoulder flexion, horizontal abduction and shoulder extension)
- Triceps to straighten the elbows (elbow extension)

Stabilising Muscles

- T-Zone to support the lower back
- Multifidus to stabilise the lower back
- Iliacus to draw the thigh bones into the hip sockets (stabilise the hip joints)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Rotator Cuff to stabilise the shoulder joints
- Deep Neck Flexors to tuck the chin in (upper cervical flexion)

Joint Mobility

- Increases cervical, thoracic and lumbar flexion range of movement
- Increases shoulder extension range of movement

Injuries/Caution

Lower Back Pain

- Avoid this exercise for clients with any type of back pain

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- If pain is felt during the exercise, make sure that the movements are controlled and the abdominals are performing the movement, the T-Zone is tight
- Don't lean the body as far forward when stretching
- When rolling the legs overhead, keep the hips up high, and don't let the lower back round or sag through – if the hips start to drop toward the mat and the lower back rounds, this can place strain on the lower back
- Keep the T-Zone and abdominals tight to support the spine
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid this exercise as it involves cervical, thoracic and lumbar flexion

Sciatica

- Avoid this exercise as it involves a neural tension position

Hip Pain or Hip Clicking

- If clients are going to feel pain in their hips with this exercise, usually it will be when coming into the teaser position
- Check that the T-Zone and Obliques are working
- Cue for Iliacus activation – think of using the inner thigh rather than the outer thigh to lower the legs, reach through the toes and draw the thigh bone into the hip socket
- If pain persists, discontinue the exercise

Upper Back Pain

- Avoid this exercise for clients with upper back pain as it involves rolling up onto the upper back area and can place strain on the spine
- Don't roll up as high onto the neck – keep the pressure more onto the shoulder blades
- Don't take the legs too far overhead or lower them all the way to the floor
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Shoulder Pain

- Clients with shoulder pain may not be able to perform this exercise as it involves moving through large ranges of movement when taking the arms overhead, stretching behind the body and circling them
- Some clients may experience shoulder pain in this fully extended position, particularly if they have tight chest muscles
- Perform a Chest Stretch beforehand
- Limit the range of movement the shoulders need to go through by not reaching the arms overhead, behind the body or circling around

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EXHALE, come into teaser position

INHALE, hold this position, omit reaching the arms over head and circling them behind

EXHALE, lower from here to grasp the feet

Modification Omitting Arms Overhead

Neck Pain

- Avoid this exercise for clients with neck pain or disc problems as it involves rolling up onto the neck area and can place strain on the neck
- Don't roll up as high onto the neck – keep the pressure more onto the shoulder blades
- If clients are not strong enough to perform this exercise, they may feel pain in their neck

Osteoporosis

- Avoid this exercise

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- Clients should avoid this exercise in the first trimester if they feel uncomfortable or when the baby starts to show
- Avoid this exercise in the second and third trimesters

Programming Advice

- The Boomerang is a challenging exercise that works the core as well as requiring a lot of co-ordination and flexibility
- Only give this exercise to clients who are coordinated and follow instructions well
- The pace of movement varies throughout the exercise, some parts are smooth and slow while others are quick
- It is one of the hardest Pilates mat exercises to teach and perform – make sure that clients are already good at Full Teaser and Rollover before introducing this exercise

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #14: Rolling the Spine Up
- Leg Positioning #3: Guiding Leg Height and Position
- Arm Positioning #2: Reaching Through the Arms
- Thoracic Spine Positioning #4: Teaser

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High Scissors

Intensity=3.5 Difficulty=4

Cueing Formula

Exercise Tip: This exercise can be difficult for clients to understand the movement. It is best to demonstrate this exercise, but if you can't do this you will need to talk them through the exercise clearly and get hands on to help them perform the movement.

Please note that there is a specific way to end this exercise and it is incredibly important to cue clients how to rest back down and complete the movement.

Name of Exercise

"High Scissors"

What and/or Where it Works

"This works the abdominal muscles, stretches the spine and the front and back of the legs"

Set Up

"Lying on the back, arms resting by the sides, palms down, shoulder blades down and back, chin tucked in. Spine imprinted, legs in tabletop position, T-Zone tight. Extend the legs to 45 degrees, squeezed together, toes pointed."



Breathing and Movement

"INHALE, take the legs up toward the ceiling"



"EXHALE, take the legs over the head, rolling the spine off the mat until you are on the shoulder blades, legs horizontal"



"INHALE, take the legs vertical, placing your hands on the back, just above the pelvis, reaching the toes toward the ceiling, hips high"



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"EXHALE-EXHALE, split the legs, scissoring them, and pulse two times"





"INHALE, switch the legs, passing in mid-air"



"EXHALE-EXHALE, scissor the legs and pulse two times"

Perform 6-8 repetitions, then:

"INHALE, take both legs to vertical, hands on the mat"

"EXHALE, roll down one vertebra at a time, trying to keep the legs vertical…"

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"…and lower the legs to 45 degrees and bend
back in to tabletop."

Permission to Continue

- "Keep going and…"

Concentration Points

- "Keep the hips up high, squeeze the buttocks and lengthen through the spine"***
- "As you scissor the legs, keep the knees straight and really reach through the toes"***
- "Keep the pelvis still and the movement, try not to use momentum"***
- "Focus on reaching through the leg that's lowering away from you to feel the stretch in the front of the hip"**
- "Don't scissor the legs too close toward the face"***
- "Keep the abdominals tight to keep the spine and pelvis still"***
- "Shoulder blades down and back, eyes looking at the ceiling (not the legs)"***
- "As you roll down, keep the legs vertical, try not to let the legs move toward the head"***
- "When you lower the legs out, draw the ribs toward the hips and only lower as far as possible so that your back doesn't arch"***
- "Roll the spine up and down one vertebra at a time, really using the abdominals and keeping the T-Zone tight"***
- "Use the breath out to draw the ribs to hips, engaging the abdominals, helping you to roll"
- "Keep the thumbs tucked in to your fingers, don't wrap them around the side of your hips"

To Make it Easier

- "Make the scissors smaller"
- "Lower the legs toward the head before rolling down"
- "Don't lower the legs as far after you roll back down"

To Make it Harder

- "Make the scissors larger, keeping the hips high and still"
- "As you roll down, keep the legs pointing up toward the ceiling"
- "Lower the legs further toward the floor after you roll back down (without arching the back)"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Using momentum to roll up and down rather than controlling it with the abdominals
- Tensing the neck and shoulders
- Rolling up too high onto the neck
- Not rolling up high enough onto the shoulder blades, not keeping the hips high, sagging through the back
- Making the scissors too large or too close to the face
- Losing control or losing the spinal position
- Rotating the pelvis as the legs scissor
- Bending the knees

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- After rolling back down, lowering the legs too far and arching the lower back

Encourage and Inspire

- "Great job!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, switch the legs"
- "EXHALE-EXHALE, scissor and pulse twice"

Ending the Exercise

- "...and both legs up to vertical; roll the spine down one vertebra at a time, lowering the legs, then bend the legs into tabletop and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Single Straight Leg Stretch
- MATWORK PROGRESSIONS PREREQUISITES: Rollover, Jacknife, Scissors

Muscles and Movements

Target Muscles

- Internal and External Obliques to roll the body up and down (thoracic and lumbar flexion) and prevent the lower back from arching or the ribs flaring
- Stretches the Hamstrings and Hip Flexors

Accessory Muscles

- Rectus Abdominus to roll the body up (thoracic and lumbar flexion) and control it rolling down
- Hip Flexors to raise (hip flexion) and lower (eccentrically controlling hip extension) the legs
- Quadriceps and Adductors to keep the knees straight and squeezed together (knee extension and hip adduction)
- Gluteus Maximus and Hamstrings to extend the hips when reaching the legs up toward the ceiling (hip extension)

Stabilising Muscles

- Latissimus Dorsi and Triceps to press the arms into the mat (shoulder extension)
- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)

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- Iliacus to stabilise the hips and prevent clicking as the legs lower

Joint Mobility

- Increases cervical, thoracic and lumbar flexion range of movement
- Increases Hip flexion and extension range of movement

Injuries/Caution

Lower Back Pain

- Avoid this exercise for clients with any type of back pain
- If pain is felt during the exercise, make sure that the movements are controlled and the abdominals are performing the movement, and check that the T-Zone is tight
- Keep the hips up high, reach the toes toward the ceiling, and don't let the lower back round or sag through – if the hips start to drop toward the mat and the lower back rounds, this can place strain on the lower back
- Make sure that the legs don't come too close to the face when scissoring
- Keep the scissoring movements smaller – don't sperate the legs as far
- Don't lower the legs as far after rolling down, or take the legs too close to the floor overhead
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid this exercise as it involves cervical, thoracic and lumbar flexion

Sciatica

- Avoid this exercise as it involves a neural tension position

Osteoporosis

- Avoid this exercise

Hip Pain or Hip Clicking

- Keep the scissors smaller, don't lower the legs as far
- Check that the T-Zone and Obliques are working
- Cue for Iliacus activation – think of using the inner thigh rather than the outer thigh to lower the legs, reach through the toes and draw the thigh bone into the hip socket

Pubic Bone Pain or SIJ Pain

- Avoid this exercise

Upper Back Pain

- Avoid this exercise for clients with upper back pain as it involves rolling up onto the upper back area and can place strain on the spine
- Don't roll up as high onto the neck – keep the pressure more onto the shoulder blades

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- Keep the hips up high, reach the toes toward the ceiling, and don't let the lower back round or sag through – if the hips start to drop toward the mat and the upper back rounds, this can place strain on the upper back
- Keep the scissors smaller and don't let the legs go as far overhead toward the floor
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Neck Pain

- Avoid this exercise for clients with neck pain or disc problems as it involves rolling up onto the neck area and can place strain on the neck
- Don't roll up as high onto the neck – keep the pressure more onto the shoulder blades
- Lower the pelvis slightly over the hands – this helps with not being as high up onto the neck
- Keep the scissors smaller and don't let the legs go as far overhead toward the floor
- If clients are not strong enough to perform this exercise, they may feel pain in their neck

Shoulder Pain

- Check that the shoulder blades are drawing down and back
- Think of drawing the arm bone into the shoulder socket to activate the Rotator Cuff muscles
- If pain persists, try the matwork exercise Scissors instead

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- For clients who feel uncomfortable or whose baby shows early, you may need to avoid this exercise later in the first trimester
- Avoid this exercise in the second and third trimesters

Programming Advice

- A great challenge for clients who are strong, flexible and don't have neck or back pain
- Always perform this exercise after Jacknife or Rollover as these exercises teach the movement of rolling up onto the neck and raising the legs
- The leg movement is exactly the same as the matwork exercise Single Straight Leg Stretch – if you had some clients who couldn't perform this exercise, you could have them perform Single Straight Leg Stretch instead
- When performing larger scissors, clients may feel a stretch in their Hamstrings or Hip Flexors
- You don't need to perform many scissors before rolling back down – usually 6-8 repetitions are enough

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #14: Rolling the Spine Up
- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes

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High Bicycle

Intensity=4 Difficulty=4

Exercise Tip: This exercise can be difficult for clients to understand the movement. It is best to demonstrate this exercise, but if you can't do this you will need to talk them through the exercise clearly and get hands on to help them perform the movement.

Note that the movement should be flowing and continuous, with the legs moving in a bicycling motion.

Please note that there is a specific way to end this exercise and it is incredibly important to cue clients how to rest back down and complete the movement.

Cueing Formula

Name of Exercise

"High Bicycle"

What and/or Where it Works

"This works the abdominal muscles, stretches the spine and the front and back of the legs"

Set Up

"Lying on the back, arms resting by the sides, palms down, shoulder blades down and back, chin tucked in. Spine imprinted, legs in tabletop position, T-Zone tight. Extend the legs to 45 degrees, squeezed together, toes pointed."



Breathing and Movement

"INHALE, take the legs up toward the ceiling"



"EXHALE, take the legs over the head, rolling the spine off the mat until you are on the shoulder blades, legs horizontal"



"INHALE, take the legs vertical, placing your hands on the back, just above the pelvis, reaching the toes toward the ceiling, hips high"



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"EXHALE, scissor the legs…"



"…then bend the far knee and reach the toes for the mat"



"INHALE, as the legs swap over, the knee draws toward the chest and the other leg lowers"



"EXHALE, extend both legs into the scissor position…"



"…then bend the far knee and reach for the mat"

Perform 6-8 repetitions



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Permission to Continue

- "Keep going, bicycling those legs and..,"

Concentration Points

- "Keep the hips up high, squeeze the buttocks and lengthen through the spine"***
- "As you scissor the legs, keep the knees straight and really reach through the toes"***
- "Keep the pelvis still and the movement, try not to use momentum"***
- "Focus on reaching through the leg that's lowering away from you to feel the stretch in the front of the hip"**
- "Don't scissor the legs too close toward the face"***
- "When in the scissor position, reach as low as possible with the far leg before bending it"***
- "As you bend the far leg, keep the thigh still and reach the toes down toward the floor"***
- "As you switch the legs over, come back into the full split scissor position, before bending the far leg again"***
- "Keep the abdominals tight to keep the spine and pelvis still"***
- "Shoulder blades down and back, eyes looking at the ceiling (not the legs)"***
- "As you roll down, keep the legs vertical, try not to let the legs move toward the head"***
- "When you lower the legs out, draw the ribs toward the hips and only lower as far as possible so that your back doesn't arch"***
- "Roll the spine up and down one vertebra at a time, really using the abdominals and keeping the T-Zone tight"***
- "Use the breath out to draw the ribs to hips, engaging the abdominals, helping you to roll"
- "Keep the thumbs tucked in to your fingers, don't wrap them around the side of your hips"

To Make it Easier

- "Make the bicycle movements smaller – don't split the legs as far apart when scissoring them"
- "Lower the legs toward the head before rolling down"
- "Don't lower the legs as far after you roll back down"

To Make it Harder

- "Make the bicycle movements larger, keeping the hips high and still"
- "As you roll down, keep the legs pointing up toward the ceiling"
- "Lower the legs further toward the floor after you roll back down (without arching the back)"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Using momentum to roll up and down rather than controlling it with the abdominals
- Tensing the neck and shoulders
- Rolling up too high onto the neck
- Not rolling up high enough onto the shoulder blades, not keeping the hips high, sagging through the back
- Making the bicycles too large or too close to the face
- Losing control or losing the spinal position

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- Rotating the pelvis as the legs bicycle
- Not straightening the knees when extending into the scissors, before bending the far knee
- After rolling back down, lowering the legs too far and arching the lower back

Encourage and Inspire

- "Marvellous job!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "INHALE, switch the legs"
- "EXHALE, scissor position, then bend the far knee"

Ending the Exercise

- "...and both legs up to vertical; roll the spine down one vertebra at a time, lowering the legs, then bend the legs into tabletop and rest"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: High Scissors

Muscles and Movements

Target Muscles

- Internal and External Obliques to roll the body up and down (thoracic and lumbar flexion) and prevent the lower back from arching or the ribs flaring
- Stretches the Hamstrings, Hip Flexors and Quadriceps

Accessory Muscles

- Rectus Abdominus to roll the body up (thoracic and lumbar flexion) and control it rolling down
- Hip Flexors to raise (hip flexion) and lower (eccentrically controlling hip extension) the legs
- Quadriceps and Adductors to keep the knees straight and squeezed together (knee extension and hip adduction)
- Gluteus Maximus and Hamstrings to extend the hips when reaching the legs up toward the ceiling (hip extension)
- Hamstrings to bend the knees when bicycling (knee flexion)

Stabilising Muscles

- Latissimus Dorsi and Triceps to press the arms into the mat (shoulder extension)
- T-Zone to stabilise the lower back, prevent the hips from rocking and draw the abdominals flat
- Deep Neck Flexors to keep the chin tucked in (upper cervical spine flexion)

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- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Iliacus to stabilise the hips and prevent clicking as the legs lower
- VMO to stabilise the kneecap as the knee bends and extends

Joint Mobility

- Increases cervical, thoracic and lumbar flexion range of movement
- Increases Hip flexion and extension range of movement
- Increases Knee flexion range of movement

Injuries/Caution

Lower Back Pain

- Avoid this exercise for clients with any type of back pain
- If pain is felt during the exercise, make sure that the movements are controlled and the abdominals are performing the movement, the T-Zone is tight
- Keep the hips up high, and don't let the lower back round or sag through – if the hips start to drop toward the mat and the lower back rounds, this can place strain on the lower back
- Make sure that the legs don't come too close to the face when bicycling
- Keep the bicycle movements smaller – don't sperate the legs as far or bend the knees as much
- Don't lower the legs as far after rolling down, or take the legs too close to the floor overhead
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Cervical, Thoracic or Lumbar Disc Injuries

- Avoid this exercise as it involves cervical, thoracic and lumbar flexion

Sciatica

- Avoid this exercise as it involves a neural tension position

Osteoporosis

- Avoid this exercise

Hip Pain or Hip Clicking

- Keep the movements smaller, don't lower the legs as far
- Check that the T-Zone and Obliques are working
- Cue for Iliacus activation – think of using the inner thigh rather than the outer thigh to lower the legs, reach through the toes and draw the thigh bone into the hip socket

Pubic Bone Pain or SIJ Pain

- Avoid this exercise

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Upper Back Pain

- Avoid this exercise for clients with upper back pain as it involves rolling up onto the upper back area and can place strain on the spine
- Don't roll up as high onto the neck – keep the pressure more onto the shoulder blades
- Keep the hips up high, reach the toes toward the ceiling, and don't let the lower back round or sag through – if the hips start to drop toward the mat and the upper back rounds, this can place strain on the upper back
- Keep the bicycle movements smaller and don't let the legs go as far overhead toward the floor
- If clients are not strong enough to perform this exercise, they may feel pain in their back

Neck Pain

- Avoid this exercise for clients with neck pain or disc problems as it involves rolling up onto the neck area and can place strain on the neck
- Don't roll up as high onto the neck – keep the pressure more onto the shoulder blades
- Lower the pelvis slightly over the hands – this helps with not being as high up onto the neck
- Keep the bicycle movements smaller and don't let the legs go as far overhead toward the floor
- If clients are not strong enough to perform this exercise, they may feel pain in their neck

Shoulder Pain

- Check that the shoulder blades are drawing down and back
- Think of drawing the arm bone into the shoulder socket to activate the Rotator Cuff muscles
- If pain persists, try the matwork exercise Scissors instead

Pregnancy

- This exercise is safe to perform for most clients in the first trimester
- For clients who feel uncomfortable or whose baby shows early, you may need to avoid this exercise later in the first trimester
- Avoid this exercise in the second and third trimesters

Programming Advice

- Always perform this exercise after High Scissors as this is a harder exercise to co-ordinate and is easier to teach if clients have already done the High Scissors exercise
- The leg movement differs to that of the matwork exercise Bicycle Legs in that the far knee bends before it draws back in toward the chest – it is more like riding an actual bicycle
- When performing larger bicycle movements and really stretch out and split their legs, clients may feel a stretch in their Hamstrings or Hip Flexors as well as their Quadriceps
- You don't need to perform many bicycle movements before rolling back down – usually 6-8 repetitions are enough

Palpations/Physical Corrections

- Ab Activation #1: T-Zone
- Ab Activation #3: Ribs to Hips (Obliques)
- Pelvic Positioning #14: Rolling the Spine Up
- Leg Positioning #3: Guiding Leg Height and Position

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- Feet Positioning #3: Reaching Through the Toes

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ADVANCED PRONE LYING SERIES

Rocking

Intensity=3 Difficulty=4

Cueing Formula

Exercise Tip: Exercise Tip: Note the breathing for this exercise. You inhale as you extend through the upper back as the inhalation assists the thoracic extension.

As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the Set Up rather than in the Breathing and Movement.

Name of Exercise

"Rocking"

What and/or Where it Works

"This exercise stretches the front of the thighs and chest, and works the upper back, abdominals and buttock muscles"

Set Up

"Lying on the stomach, bend the knees, reach around and grab around the top of the feet/ankles. Knees hip distance apart, forehead resting on the mat. Shoulder blades down and back, neutral spine, T-Zone tight."



Breathing and Movement

"INHALE, raise the thighs toward the ceiling, pressing the feet into the hands, lifting and opening the chest"



"EXHALE, rock the body forward on the mat, raising the legs higher"



"INHALE, rock the body back"

"EXHALE, rock forward"

"INHALE, rock backward"

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Permission to Continue

- "Keep going and…"

Concentration Points

- "Keep the rocking movements controlled"***
- "Maintain the bow shape with the body as you rock – abdominals and buttocks squeezed to hold the position"***
- "Keep lifting through the abdominals to prevent the lower back from sagging through"***
- "Squeeze the buttocks to keep the legs high and keep pressing the feet into your hands"***
- "Focus on really opening the chest and drawing the shoulders down and back"***
- "Keep the knees hip distance apart and pointing straight, don't let them separate further"***
- "Extend through the upper and lower back evenly"***
- "Keep the eyes looking toward the floor in front of you, chin tucked in, elongate the neck and lengthen through the crown of the head"***

To Make it Easier

- "Don't rock forward and back as far, keep the movements smaller"
- "Don't raise the thighs as high, press the feet away as much or raise the chest as high"
- "Only perform the rocking movements a few times before resting"

To Make it Harder

- "Squeeze the buttocks to raise the thighs higher, press the feet away further and raise the chest higher"
- "Make the rocking movement as large as possible in both directions"
- "Keep rocking for longer"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Losing the abdominals, sagging and hyperextending through the lower back
- Not maintaining the bow position of the body – the body position should not change; it stays the same as the body rocks
- Losing momentum with the rocking movements
- Separating the knees wider than hip width
- Hyperextending the neck and poking the chin out
- Hunching the shoulders or rounding them forward
- Losing control, rocking the pelvis or leaning to one side

Encourage and Inspire

- "Excellent work!"

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Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, rock the body forward"
- "INHALE, rock back"

Ending the Exercise

- "…and rest back down"

Exercise Information

Prerequisites

- MATWORK PROGRESSIONS PREREQUISITES: Rocking Preparation, Swan Dive Preparation

Muscles and Movements

Target Muscles

- Stretches the Quadriceps, Hip Flexors, Pectoralis Major and Pectoralis Minor and Rectus Abdominus
- Internal and External Obliques to prevent the lower back form to support the lower back into extension and prevent it from hyperextending

Accessory Muscles

- Thoracic and Lumbar Erector Spinae to extend the upper and lower back (thoracic and lumbar extension)
- Gluteus Maximus and Hamstrings to raise the legs up (hip extension)
- Quadriceps to press the feet away from the bottom, into the hands (knee extension)
- Latissimus Dorsi and Triceps to reach the feet (shoulder extension) and Triceps to straighten the elbows (elbow extension)

Stabilising Muscles

- Transversus Abdominus to stabilise the lumbar spine
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Deep Neck flexors to stabilise the neck and tuck the chin in (upper cervical flexion)
- Multifidus to stabilise the lower back

Joint Mobility

- Increases thoracic and lumbar extension range of movement
- Increases hip extension range of movement
- Increases shoulder extension range of movement

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Injuries/Caution

Lower Back Pain

- Be careful not to sag through the lower back
- Really tuck the Pubic Bone into the mat and lift the abdominals up to protect the lower back
- Take care with clients who are Lordotic/Kyphotic as it is difficult to stop the lower back from hyperextending due to the muscles being quite tight, it may help to stretch the Quadriceps, Hip Flexors and Pectoralis Major first
- Don't lift the body or legs as high
- If pain persists, perform Rocking Preparation

Upper Back Pain

- Extremely kyphotic clients will struggle to have enough mobility to perform this exercise at all
- Check the lower back, neck and shoulder position
- Don't lift the body or legs as high
- If pain persists, perform Swan Preparation or Quadricep Stretch or Hip Flexor Stretch

Shoulder Pain

- Some clients may experience shoulder pain in this fully extended position, particularly if they have tight chest muscles
- Perform a Chest Stretch beforehand
- Don't raise the legs as high
- If pain persists, discontinue the exercise

Neck Pain

- Make sure that the neck remains neutral, not hyperextended – chin tucked in, lengthen through the crown of the head, eyes looking at the mat in front of you
- If pain persists, discontinue the exercise

Knee Pain

- Make sure that the legs are hip distance apart
- Don't bend the knees as much
- Stretching the Quadriceps beforehand can help

Pubic Bone Pain

- Place a folded towel or small cushion under the Pubic Bone

Osteoporosis

- Avoid this exercise

Pregnancy

- Avoid during the entire pregnancy

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Programming Advice

- This is a great exercise that really stretches down the front of the body
- Is perfect for someone with a Kyphosis or Lordosis as they are usually tight in their Quadriceps and Pectoralis Major, and this exercise stretches both of those muscles
- Clients with a Lordosis and Kyphosis will initially find it difficult not to sag through or hyperextend their lower back
- Is a good alternative for stretching the Quadriceps for clients who cannot kneel
- Works well when performed prior to other prone lying exercises in which the legs and chest lifts as it increases flexibility in this position
- Program this exercise directly prior to Rocking as a warm up exercise

Palpations/Physical Corrections

It can be challenging to palpate clients in this exercise as the movement blocks access to the client's body. Ask the client to stop the movement to perform the palpations below, then encourage them to continue with the exercise.

- Ab Activation #4: Prone Ab Activation
- Pelvic Positioning #5: Prone
- Scapula Setting #2: Scapula Resetting
- Leg Positioning #3: Guiding Leg Height and Position
- Head Positioning #1: Prone Extension

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Swan Dive

Intensity=4 Difficulty=4

Cueing Formula

Name of Exercise

"Swan Dive"

What and/or Where it Works

"This works the back muscles, buttocks, abdominals and shoulders"

Set Up

"Lying on the stomach with the legs straight and relaxed on the mat. Elbows bent, hands beside the head on the mat with the palms facing down. No downward pressure applied through the arms. Shoulders down and back. Neutral spine, gently tuck the Pubic Bone into the mat, lifting the abdominals away from the floor. T-Zone."



Breathing and Movement

"INHALE, extend through the upper back, lifting the chest and head off the mat, then continue to raise up and extend through the lower back, pressing lightly through the hands, reach through the toes"



"Hold this body shape as you rock forward and back 5 times"

"EXHALE, reach the arms out overhead and rock your body forward, raising the legs"



"INHALE, rock back"



Exercise Tip: Please note that there is a specific way to end this exercise and it is incredibly important to cue clients how to rest back down and complete the movement. To finish the exercise, be sure to cue to rock backward, place the hands on the mat to catch yourself, then lower the chest down.

There is not a lot of time to say the concentration points for this exercise – you may wish to do a demonstration first in which you explain to the clients some of the most important concentration points. Then when you are cueing the exercise, cue the first set just talking through the breathing and movement, and in subsequent sets cue the concentration points.

As the movement of this exercise begins on an inhale breath, T-Zone is mentioned in the Set Up rather than in the Breathing and Movement.

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"Continue rocking forward and backward 5 times, then…"



"INHALE, rock back, place your hands on the mat to catch yourself at the top, then



"EXHALE, lower to the mat and rest"

Permission to Continue

- "Keep rocking and…"

Concentration Points

- "Extend through the upper and lower back evenly, abdominals tight to support the back"***
- "Keep the bow shape of the body as you rock forward and back – abdominals, buttocks and back muscles should be working hard to hold this position"***
- "T-Zone tight, squeeze the buttocks and reach through the toes"***
- "Shoulder blades down and back, palms facing in"***
- "Keep the eyes looking toward the floor in front of you, chin tucked in, elongate the neck and lengthen through the crown of the head"***
- "No pain or hyperextension in the lower back or neck"***

To Make it Easier

- "Don't lift the body up as high"
- "Use your arms more to help you press up/rock backward"

To Make it Harder

- "Extend the upper body more, as much as you can without sagging through the lower back"
- "Use your arms as little as possible to press up and rock back – try to use your abdominals and back muscles more and continue with momentum"

Corrections/Common Mistakes

Scan for and correct the following common mistakes using verbal corrections and physical palpations –

- Losing the bow shape of the body as you rock
- Losing momentum with the rocking
- Letting the abdominals go and sagging through the lower back, flaring the ribs out
- Hyperextending the neck and poking the chin out
- Lifting the whole torso from the lower back, rather than extending the upper back first
- Hunching the shoulders and tensing the neck

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- Bending the knees, not reaching through the toes
- Losing momentum and getting stuck

Encourage and Inspire

- "Incredible Job!"

Remind and Recycle

Remind and recycle the most relevant concentration points or breathing and movement –

- "EXHALE, rock forwards"
- "INHALE, rock back"

Ending the Exercise

- "…INHALE, rock back, place your hands on the mat to catch yourself at the top, then "EXHALE, lower to the mat and rest"

Exercise Information

Prerequisites

- MATWORK PREREQUISITES: Freestyle
- MATWORK PROGRESSIONS PREREQUISITES: Swan Dive Preparation

Muscles and Movements

Target Muscles

- Thoracic and Lumbar Erector Spinae to extend the upper and lower back (thoracic and lumbar extension)
- Internal and External Obliques to support the lower back into extension and prevent it from hyperextending
- Lower Trapezius to draw the shoulder blades down and back (Scapula depression and retraction)
- Gluteus Maximus to raise the legs off the floor (hip extension)

Accessory Muscles

- Hamstrings to assist in raising the legs (hip extension)
- Quadriceps to straighten the knees (knee extension)
- Deltoids to raise the arms overhead (shoulder flexion)

Stabilising Muscles

- T-Zone to support the lower back
- Deep Neck Flexors to tuck the chin in (upper cervical flexion)
- Multifidus to stabilise the lower back

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- Rotator Cuff to stabilise the shoulder joints

Joint Mobility

- Increases thoracic and lumbar spine extension range of movement

Injuries/Caution

Lower Back Pain

- The lower back should arch/extend in this exercise, but the abdominals need to support the lower back and make sure that it doesn't dip/sag or hyperextend
- Make sure that the body maintains the bow shape when rocking
- Anyone with overactive lumbar spine extensors or a large Lordosis may find it difficult to not sag through their lower back/hyperextend it
- Cue to really tighten the abdominals to support the back, ribs to hips
- Don't lift the body as high
- If pain persists, perform Swan Dive Preparation, Swan or Swan Preparation instead

Neck Pain or Shoulder Pain

- This is a difficult exercise for clients with neck or shoulder pain
- Make sure that the neck remains neutral, not hyperextended – chin tucked in, lengthen through the crown of the head, eyes looking at the mat in front of you
- Keep the shoulder blades down and back
- Make sure that the palms are facing in, take the hands slightly wider apart
- Don't raise the arms as high
- Try performing the exercise with the arms straight out to the sides in line with the shoulders to see it that position feels more comfortable – take care that the hands stay in line with the body and don't raise up to high, otherwise the shoulders will round forward
- If pain persists, try performing the exercise with the elbows bent, hands either side of the head



Modification with the Arms Out Horizontally



Modification with the Elbows Bent

Pubic Bone Pain

- You won't be able to place a folded towel or small cushion under the Pubic Bone in this exercise due to the rocking movement
- If pain persists, avoid this exercise

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Osteoporosis

- Avoid this exercise

Pregnancy

- Avoid this exercise during pregnancy as it involves rolling over the stomach and placing direct pressure on it

Programming Advice

- A great exercise to perform after Swan Dive Preparation, or if you are taking a group class you may wish to have some of the clients perform Swan Dive Preparation while others progress into the full Swan Dive
- This is a very challenging exercise as it requires clients to have a good range of movement into spinal extension, strong back, abdominal and buttock muscles to hold the bow shape, as well as good shoulder flexibility and Scapular control when taking the arms overhead
- Clients with a Lordosis and Kyphosis will find it very challenging to get into the correct position
- Is a really fun exercise, but one that not many clients can perform well
- Be careful when programming too may prone lying exercises in a row as the Pubic Bone may become uncomfortable

Palpations/Physical Corrections

It can be challenging to palpate clients in this exercise as the movement blocks access to the client's body. Ask the client to stop the movement to perform the palpations below, then encourage them to continue with the exercise.

- Ab Activation #4: Prone Ab Activation
- Pelvic Positioning #5: Prone
- Scapula Setting #1: In Between the Shoulder Blades
- Thoracic Spine Positioning #2: Prone Extension
- Head Positioning #1: Prone Extension
- Leg Positioning #3: Guiding Leg Height and Position
- Feet Positioning #3: Reaching Through the Toes

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PROGRAMMING

The following section looks at how to program and progress clients through the full Matwork repertoire

REVISION OF PROGRAMMING PRINCIPLES

Centring Principle

- Activate the muscles at the centre of the body first, then work more peripherally
- Always start the class with abdominal exercises
- When working a specific muscle group or area of the body, start with basic activation exercises of the deep stabilising muscles before progressing to more complex movements which involve moving more body parts.

Type of Class (Individual, Small Group, Large Group)

- If you are taking an individual class for one person, you can tailor the workout to suit that particular client
- You will give that person the exact exercises to perform without options to make it easier or harder as you will know what they are capable of
- When taking a large group class, there are some advanced exercises that you will not be able to teach in a large group as you need to be by each clients' side to ensure safety, or help them to get into position
- If you are teaching advanced exercises in a large group class, you will need to cater for all levels in the class and therefore need to choose specific exercises which you can cue harder or easier options for

Utilising Stretches

- Choose stretches at the beginning of the class that assist your clients to gain flexibility in the areas they will need throughout the workout
- For example, stretch the spine into flexion prior to performing exercises that require a lot of flexion eg. perform Spine Stretch before Rollover
- You can intersperse stretches throughout the workout; however, this decreases the intensity
- Choose stretches at the end of the class that release the muscles which have been worked hard during the class
- When programming for an individual client, you can include stretches that specifically target their tightest muscles
- You can also program stretches for a client that can help to correct or improve their posture type. Eg. Lordotic clients will benefit from stretching their Quadriceps and Hip Flexors and stretching their lower back into spinal flexion. Flatback clients will benefit from Hamstring and spinal extension stretches. Kyphotic clients need to stretch their Pectoral muscles, Latissimus Dorsi and neck muscles as well as stretching the upper back into rotation and extension

Duration of Each Exercise

- Advanced Matwork exercises are often more difficult for the clients to perform as they require more total-body stability and muscle engagement
- This means that clients are less likely to be able to perform these more 'advanced' exercises with correct technique for the usual suggested 1 – 1 ½ minutes
- Some of these exercises may be performed for 1 minute or less depending on the client's ability and the exercise itself
- Keep this in mind when calculating the duration of each exercise as this may affect the overall duration of your class

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Layering Exercises

- When working a particular muscle group or performing a certain spinal movement, layer several similar exercises one after the other for maximum effect
- Start off with easier exercises and progressively layer harder exercises on top of that.
- Systematically sequence exercises so that the same or similar muscle groups or movements are used
- Take care of layering too many advanced exercises in a row that are similar to each other to avoid fatigue and the risk of injury eg. don't perform too many exercises in a row where you roll up onto the neck and hold that position as it can strain the neck

Here are some examples of layering exercises from easiest to hardest –

Abdominal Exercises	Abdominal Exercises	Upper Back/Arm Exercises
Neck Pull ↓ Seal ↓ Open Leg Rocker Preparation2 (Double Leg) ↓ Open Leg Rocker ↓ Rollover ↓ Jacknife ↓ Controls Balance ↓ Full Teaser	Can Can 1 (Knees Bent) ↓ Can Can 2 (Legs Extending) ↓ Can Can 3 (Straight Legs) ↓ Corkscrew ↓ High Scissors ↓ High Bicycle	Boomerang ↓ Rocking ↓ Swan Dive

It is a good idea to keep in mind the cautions below when layering exercises.

Sustained Head Lifting	Weight Bearing Through the Wrists	Sustained Prone	Rocking or Rolling
Be careful not to program too many exercises in a row with sustained head lifting as the neck can begin to fatigue and start to strain.	Programming too many exercises in a row where clients need to weight bear through their wrists can cause wrist strain.	Staying in a prone position for multiple exercise can be uncomfortable for some clients and can cause neck or back strain.	Take care with clients who are small in frame or have bony protrusions as they may find exercises which involve repeated rocking over the Pubic Bone or spine uncomfortable. Using a thicker mat can help this.

Creating a Flowing Sequence

- Try not to change positions too often unnecessarily
- Program of a sequence of at least three exercises that can be performed in a similar position to achieve flow

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- When sequencing exercises, think of which exercises can flow quite quickly onto one another to avoid doing a full set-up and demonstration each time
- This maximises the workout time as you spend less time on transitions and creates a more seamless flowing class

Balancing Spinal Flexion, Extension and Rotation

- Within each class, try to include exercises which work evenly into flexion, extension and rotation of the spine
- If you choose to focus more on one spinal movement in a particular class, make sure that the next class you are balancing this out by including more of the other movements

Interspersing Simpler Exercises In Between Complicated Advanced Exercises

Even if a client is very advanced, you would never program and entire class that only included the very advanced exercises. It is always best to intersperse some easier exercises into the class for the following reasons -

- It warms up the deeper stabilising muscles and stretches the spine prior to moving into extreme ranges of motion requiring maximum muscle effort (centring and layering principles)
- Advanced exercises take longer to explain and demonstrate which can mean less workout time and a class that feels disjointed and less intense (flow principle)
- Performing advanced exercises is mentally and physically challenging. A loss of concentration or fatigue during advanced exercises can lead to injury so incorporating easier exercises gives the brain and body a rest
- When clients are used to performing more simple exercises very well, they can feel deflated when they move on to performing more advanced movements that they haven't yet mastered. Incorporating some easier exercises helps to minimise this effect while they gradually transition to more advanced exercises

All Over Body Workouts Versus Working Specific Muscle Groups

- The more advanced repertoire tends to focus more on working the whole body rather than isolating muscle groups
- Even though certain muscle groups are still the target for specific exercises, more support is required from the other stabilising muscles which results in more of a full body workout
- You may still choose to work more on a specific muscle group but you will find that the advanced programs address the whole body

Injury, Pregnancy and Client Demographics

- Use the guidelines that are outlined in this manual in the Injuries + Pregnancy section and the Injuries/Caution section of each exercise to assist you in programming for clients who have injuries
- Some of the more advanced exercises are not suitable for clients with injuries.
- If you are planning on specifically taking clients with back pain or pregnancy, you should be guided by the client's health provider and it is recommended to also complete the courses Pilates for Pregnancy and Pilates for Back Pain as a great deal of specialised information is contained in these courses
- Please note that as a Pilates Instructor it is not your job to diagnose or treat injuries – you will need to refer your clients to a health professional for this

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- Make sure that you are in constant communication with any treating health professionals that your clients are seeing to gain information about what they should and should not be doing throughout their Pilates sessions at the various stages of their injury recovery
- Elderly clients are often not able to perform the more advanced exercises and may have difficulty getting up and down off the mat or transitioning from one start position to the next, taking longer to change position
- Elderly clients may not have the joint flexibility/range of movement to get into the start positions for some of the exercises. You may need to choose exercises that are easier and avoid changing positions too frequently
- If you are taking a class of athletes or dancers, the more advanced repertoire will provide them with a challenge

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INTENSITY OF YOUR CLASS

Getting the intensity right for your class participants is extremely important. In this manual, each exercise is labelled with an Intensity Level (1-4) and Difficulty Level (1-4) to assist you in programming your class.

Difficulty is rated on how hard is to actually be able to perform an exercise – this could be due to strength, flexibility or coordination needed or a combination of all of these. Beginner, injured or uncoordinated clients usually require exercises that are on the lower end of the difficulty range, even if they want to work hard. You can increase their intensity by using more intense exercises that are not difficult to perform.

Intensity is how intense the exercise feels ie. how much the muscles burn. For clients wanting to work hard, choose exercises that are on the higher end of the intensity scale. For clients who are deconditioned, unfit or elderly choose exercises of a lower intensity.

Here are some examples of the difficulty and intensity levels that are suitable for specific clients:

Type of Client or Class	Intensity Level	Difficulty Level
Beginner client, wanting to work hard	2-3	1-2
Intermediate clients, wanting to work hard	3-4	2-4
Injured client whose only goal is to feel better	1-2	1-2
Injured client who also wants to work hard	2-3	1-2
For an elite athlete or advanced/strong person	3-4	2-4
Large Group Class (never use extremely difficult exercises as this can be unsafe in a large group)	1-3	1-3

Making Your Class Easier

- Choose exercises with a lower intensity level
- Perform less repetitions of each exercise
- Perform more of an all over body workout, without layering quite as many exercises working the same muscle group at a time
- Take more time between exercises
- Intersperse stretches throughout the workout

Making Your Class Harder

- Choose exercises with a higher intensity level
- Perform more repetitions of each exercise
- Layer a large number of exercises working the same muscle groups one after the other
- Have less rest between each exercise
- Leave all of the stretching until the end of the class

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ADAPTATION CYCLES

When you exercise over time, your body adapts to the load and stress it is put under. This is why if you perform the same workout every day, it will begin to feel easier with time. On day 1, your body may be under severe stress when performing the workout. Your muscles may shake with fatigue, you may sweat and experience delayed onset muscle soreness over the following days. However, with each day that you perform the workout, the sweating and shaking will become less because your body has become used to the load and stress that you are putting it under. We call this "adaptation" and according to Fahey (1998), the principle of adaptation refers to "the process of the body getting accustomed to a particular exercise or training program through repeated exposure."

So, if we know that the body adapts to exercise over time, what are the stakes and why does it matter? Well, the most important thing to note is that if you perform the same exercises over time and the stress or load remains the same, your results will diminish as the body adapts. As Fahey (1998) states, "this reinforces the need to constantly vary the exercise and training routine if you want to maximise your results." It can typically take anywhere from four to six weeks for your body to adapt to a training method, so it is a good idea to change the frequency, intensity, time and type of exercise that you perform periodically to avoid plateaus and continually challenge the body.

Implications for Pilates

As an instructor, you can alter certain workout variables to prevent plateaus. Such variables may include -

- Perform each individual exercise for longer
- Perform a longer total workout (ie. instead of 45 minutes, workout for 1 hour)
- Layer more exercises together that target the same muscle group
- Perform harder modifications of the same exercise
- Perform more difficult exercises
- Increase the speed which movements are performed
- Have less rests in between exercises (flow more quickly)

Another great and simple way of avoiding plateaus in Pilates can be to add in a variety of stability or resistance based equipment such as -

- Pilates circle
- Resistance bands
- Ankle weights
- Small Pilates ball
- Large swiss ball
- Foam roller
- Sliders / gliding discs
- Traditional spring resisted Pilates equipment such as the reformer, cadillac and wunda chair

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PROGRAMMING BASED ON THE 4 PHASES

Now let's look at some general guidelines for how you can progress clients through 4 phases to develop strength, improved muscle tone, and flexibility. These 4 phases and the following guiding principles will allow you to take any beginner client and progress them through to becoming an advanced practitioner of Pilates.

The table below contains guidelines as to the rough duration of each phase. This a rough guide only and will vary greatly depending on the specific client's age, prior fitness level and any injuries. The strongest, fittest, most flexible clients will be able to progress at the lower end of the range whereas clients that are more restricted may never progress beyond a certain phase.

Let's review the 4 phases -

Name of Phase	Description	Repertoire Featured in Phase	Estimated Duration of Phase
Phase 1: Basic Core Muscle Activation	This is the first phase of Pilates that all clients should begin at. It is about basic core muscle activation and the beginner Pilates exercises. The aim of this phase is to develop stability through the trunk and core muscles in a correct movement pattern ie. the abdominals, upper back, shoulder blades and Gluteal muscles.	Matwork repertoire	Clients with no injuries: roughly 1-2 classes Clients with injuries: roughly 3-6 classes
Phase 2: Peripheral Muscle Activation	Once core stability is adequate and clients can perform the phase 1 exercises with correct muscle activation and technique, they are able to move onto phase 2. Phase 2 focuses on developing strength further outward from the core. In this phase, your clients will focus more on the development and activation of larger peripheral muscles like the muscles of the arms and legs (Quadriceps, Hamstrings, Biceps and Triceps). In this phase, the core muscles are challenged further in various different positions. Clients start to learn how to hold their core muscles and correct posture while working the peripheral muscles and adding in more moving body parts. The development of these muscles is fantastic for increasing strength and working in different planes of movement.	Matwork + Matwork Progressions repertoire	Clients with no injuries: roughly 10-20 classes Clients with injuries: roughly 30+ classes (some may not progress past this phase)
Phase 3: Functional	Phase 3 is about adding in more functional movement patterns. For example, teaching the muscles to activate effectively in a wider range of positions which mimic daily	Matwork +	Clients with no injuries: roughly 10-20 classes

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Movement Patterns	activity like reaching for something on a shelf or bending over to tie a shoelace. The previous phases predominantly keep the spine in a relatively neutral position. In this phase you take the spine out of neutral and learn to control the spine through larger ranges of movement. You will continue to increase flexibility and introduce exercises which challenge coordination and balance This is an important stage because the exercises are more functional, mimicking the demands placed on the body throughout normal daily life. It is in this phase that clients are able to automatically transfer the movement patterns learnt in Pilates into normal every day life.	Matwork Progressions repertoire	Clients with injuries: roughly 30+ classes (some may not progress past this phase)
Phase 4: Full Body Movement	Phase 4 is all about performing more complex full body movements which use all of the core stabilising muscles at the same time as well as maximally working the peripheral muscle groups. The exercises take the spine through more extreme ranges of movement and require a combination of strength, flexibility and coordination. The exercises can be performed more quickly, increasing the amount of control required. These more complex movements further adapt the body and make it more resilient and better equipped to cope with everyday life and avoid potential injuries.	Matwork + Matwork Progressions + Advanced Matwork repertoire	N/A

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EXAMPLES OF HOW TO PROGRESS TO THE INTERMEDIATE & ADVANCED MATWORK REPERTOIRE BASED ON THE 4 PHASES

The following table outlines how to progress through the 4 stages to the Matwork Progressions and Advanced Matwork repertoire.

Aim of the Table

The overall aim of Pilates is to have every client work up to being able to perform all of the advanced repertoire as this achieves the most balance in the body and spine in terms of strength and flexibility. The table lists every matwork exercise in the Matwork, Matwork Progressions and Advanced Matwork Courses and places it into one of the 4 phases based on the level of difficulty to perform. The table helps you to program and progress your clients through to the advanced exercises (contained in phases three and four).

Keep in mind, that individual client's injuries may limit their ability to achieve all of the phase 3 or four exercises. However, they should still aim to progress to the phase 3 and 4 exercises that they can safely perform without pain.

How to Use the Table

In the table, the vertical columns represent the 4 phases and the horizontal rows each contain a different sequence of exercises that flow and progress well onto each other. The exercises within each horizontal sequence contain similar movements, muscles worked and spinal positions. For example, some sequences are working the abdominals into spinal flexion, some into spinal rotation and others challenge the abdominals with the arms and legs moving away from the body.

Phase 1 is the easiest in the sequence and once clients have mastered those exercises, they can progress onto phase 2, 3, then 4 within that same sequence.

Some clients may remain in phase 1 for some abdominal muscle sequences, but they may be phase 2 for other different abdominal sequences. Alternatively, they may be in phase 1 for all of their abdominal muscle sequences but might be in phase 2 for Gluteal muscle sequences. If clients perform an exercise with no cheating movements, are pain free and are feeling it in the right spot, then they are ready to progress onto exercises in the next phase of that sequence.

It is best to keep clients performing the same or similar sequences for at least a few sessions so that they have a chance to become familiar with the exercises and master them prior to moving on to a different sequence.

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ABDOMINALS

Phase 1: Core Muscle Activation	Phase 2: Peripheral Muscle Activation	Phase 3: Functional Movement Patterns	Phase 4: Full Body Movement	Purpose / Focus
T-Zone Activation Exercise Oblique Activation Exercise Scapula Activation Exercise Leg Slides Arm Preparation Abdominal Curl 1 (Feet Down) Abdominal Curl 2 (Tabletop)	Double Leg Slides + Arm Preparation Single Leg Stretch	Full Hundreds Preparation Hundreds (Level 3) Double Leg Lowers Double Leg Stretch Single Straight Leg Stretch	Full Double Leg Stretch	
T-Zone Activation Exercise Oblique Activation Exercise Iliacus Activation Exercise Lift Foot Abdominal Curl 1 (Feet Down) Oblique Curl 1 (Feet Down)	Tabletop Position Abdominal Curl 2 (Tabletop) Oblique Curl 2 (Tabletop) Toe Taps Bicycle Legs	Double Toe Taps Criss Cross Scissors	Criss Cross + Scissors	
Bent Knee Fallouts Single Leg Circle Hundreds (Level 1) Nutcracker 1 (Tabletop)	Hundreds Preparation Hundreds (Level 2) Beats Nutcracker 2 (Legs Extended)	Hundreds (Level 3) Scissors Double Leg Lowers	Helicopters	
Oblique Activation Exercise Iliacus Activation Exercise Half Rollback 1 (Arms in Front) Teaser Preparation (Level 1)	Half Rollback 2 (Arms Opening) Rolling Like a Ball Rollup Rollup + Hamstring Stretch Teaser Preparation (Level 2)	Open Leg Rocker Prep 1 (Single Leg) Teaser (Level 1) Teaser (Level 2)	Seal Neck Pull Open Leg Rocker Prep 2 (Double Leg) Open Leg Rocker Full Teaser	
Oblique Curl 1 (Feet Down) Pendulum 1 (Feet Down or Tabletop) Half Rollback 1 (Arms in Front)	Oblique Curl 2 (Tabletop) Pendulum 2 (One Leg Extending) Corkscrew Preparation (Level 1) Teaser Preparation (Level 1) Half Rollback + Rotation	Pendulum 3 (Both Legs Extending) Pendulum 4 (Legs Straight) Corkscrew Preparation (Level 2) Can Can 1 (Knees Bent) Teaser Preparation (Level 2) Make a Wish	Can Can 2 (Legs Extending) Can Can 3 (Straight Legs) Rollover Corkscrew	
Abdominal Curl 2 (Tabletop) Hundreds (Level 1) Half Rollback 1 (Arms in Front)	Rollup Hundreds (Level 2) Bicycle Legs (On the Elbows) Scissors (On the Elbows)	Double Leg Lowers Rollover Jacknife High Scissors	Controls Balance Boomerang High Bicycle	
T-Zone Activation Exercise Oblique Activation Exercise Serratus Anterior Activation Exercise Abdominal Curl 1 (Feet Down)	Tricep Circles Horsekick 1 (Bend and Extend) Plank 1 (On the Knees) Plank 2 (On the Feet)	Horsekick 4 (Arm and Leg Lift) Pilates Push Ups 2 (On the Feet) Controls Front 1 (Pikes)	Mountain Climbers 1 (Parallel) Mountain Climbers 2 (Obliques) Controls Front 2 (Leg Lift)	

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	Pilates Push Ups 1 (On the Knees) Rolldown into Plank			
T-Zone Activation Exercise Oblique Activation Exercise Serratus Anterior Activation Exercise Oblique Curl 1 (Feet Down) Double Leg Lift 1 (Head Down) Inner Thigh Lift	Double Leg Lift 2 (Upper Body Lifting) Double Leg Lift 3 (Beats) Double Leg Lift 4 (Scissors)	Star 1 (On the Knees) Clam Kickout 1 (On the Elbow) Circles (On the Elbow)	Star 2 (On the Feet) Star 3 (Twist)	

GLUTEALS AND HAMSTRINGS

Phase 1: Core Muscle Activation	Phase 2: Peripheral Muscle Activation	Phase 3: Functional Movement Patterns	Phase 4: Full Body Movement	Purpose / Focus
Gluteus Medius Activation Deep Hip Rotator Activation Gluteus Maximus Activation Clam 1 (Feet Down) Clam 2 (Feet Up) Clam 3 (90 Degrees) Clam 1 Kickout (Feet Down) Clam 2 Kickout (Feet Up) Clam 3 Kickout (90 Degrees)	Circles Straight Leg Raise Hot Potato Rectangles Bicycles	Clam Kickout 1 (On the Elbow) Circles (On the Elbow) Bicycles (On the Elbow) Sidekick Sidekick Front Zig Zag	Kneeling Sidekick 1 (Up and Down) Kneeling Sidekick 2 (Side to Side)	
Gluteus Maximus Activation Gluteus Medius Activation Deep Hip Rotator Activation Serratus Anterior Activation Exercise Clam 3 (90 Degrees) Clam 3 Kickout (90 Degrees) Pelvic Curl 1 (Up and Down)	Pelvic Curl 2 (Openings) Horsekick 1 (Bend and Extend) Horsekick 2 (Pulses)	Pelvic Curl 3 (Single Leg Lift) Horsekick 3 (Side to Side) Horsekick 4 (Arm and Leg Lift)	Controls Back 1 (Pelvic Lift) Controls Back 2 (Leg Lift)	
Gluteus Maximus Activation Gluteus Medius Activation Deep Hip Rotator Activation Serratus Anterior Activation Exercise Horsekick 1 (Bend and Extend)	Single Leg Kick Double Leg Kick Breaststroke Legs Freestyle Legs	Grasshopper Rocking Preparation	Rocking Freestyle Breaststroke	

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UPPER AND LOWER BACK AND SHOULDER BLADES

Phase 1: Core Muscle Activation	Phase 2: Peripheral Muscle Activation	Phase 3: Functional Movement Patterns	Phase 4: Full Body Movement	Purpose / Focus
Lower Trapezius Activation 1 (Arms Overhead) Lower Trapezius Activation 2 (Arms and 90 Degrees) Lower Trapezius Activation 3 (Arms by Sides) Swan Preparation	Swan Single Leg Kick	Swan Dive Preparation Rocking Preparation Double Leg Kick	Swan Dive Rocking	
Lower Trapezius Activation 1 (Arms Overhead) Lower Trapezius Activation 2 (Arms and 90 Degrees) Lower Trapezius Activation 3 (Arms by Sides) Swan Preparation Flight 1 (Head Down) Breaststroke Arm Preparation 1 (Head Down)	Breaststroke Arm Preparation 2 (Head up) Flight 2 (Head Up)	Breaststroke Arms Freestyle Arms	Breaststroke Freestyle	

STRETCHES

Phase 1: Core Muscle Activation	Phase 2: Peripheral Muscle Activation	Phase 3: Functional Movement Patterns	Phase 4: Full Body Movement	Purpose / Focus
Cat Stretch Hamstring Stretch Gluteal Stretch Supine	Rolldown Stretch Prayer Stretch Armchair Stretch	Gluteal Stretch Prone	Spine Stretch	
Cat Stretch Kneeling Hip Flexor Stretch Chest Stretch	Kneeling Quad Stretch	Kneeling Hip flexor Stretch + Arm Overhead	Rocking Preparation* *note, this is a prone lying exercise but can also be used as a stretch	
Lying Torso Twist 1 (Arm Opening)	Lying Torso Twist 2 (Arm Circling) Thread the Needle	Spine Twist	Saw	
Neck Stretch	Mermaid Stretch	Spiral Stretch	Mermaid Stretch + Lift	

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MASTER LIST OF MATWORK EXERCISES & PREREQUISITES

This list contains the prerequisites for each exercise in the full matwork repertoire (ie. Matwork, Matwork Progressions & Advanced Matwork). The following table can be a useful resource when programming a class as you can ascertain whether or not a client will be capable of safely performing an exercise based on the prerequisites.

ABDOMINAL EXERCISES

Basic Activation Exercises		
Exercise	**Prerequisites**	**Course**
T-Zone Activation Exercise	• None	Matwork
Oblique Activation Exercise	• T-Zone Activation Exercise	Matwork
Iliacus Activation Exercise	• T-Zone Activation Exercise	Matwork
Deep Neck Flexor Activation Exercise	• T-Zone Activation Exercise	Matwork
Supine Abdominal Exercises with the Feet Down		
Bent Knee Fallouts	• T-Zone Activation Exercise	Matwork
Lift Foot	• T-Zone Activation Exercise • Oblique Activation Exercise • Iliacus Activation Exercise • Bent Knee Fallouts	Matwork
Leg Slides	• T-Zone Activation Exercise • Oblique Activation Exercise	Matwork
Lift and Extend	• Lift Foot • Leg Slides	Matwork
Single Leg Circle	• Bent Knee Fallouts • Lift and Extend	Matwork
Arm Preparation	• T-Zone Activation Exercise • Oblique Activation Exercise	Matwork
Scapula Activation Exercise	• Arm Preparation	Matwork Programming & Progressions
Double Leg Slides + Arm Preparation	• Arm Preparation • Leg Slides	Matwork Programming & Progressions
Abdominal Curl 1 (Feet Down)	• T-Zone Activation Exercise • Oblique Activation Exercise • Deep Neck Flexor Activation Exercise	Matwork
Oblique Curl 1 (Feet Down)	• Abdominal Curl 1 (Feet Down)	Matwork
Pendulum (Feet Down Modification)	• Oblique Curl 1 (Feet Down)	Matwork
Supine Abdominals with the Legs in Tabletop Position		
Tabletop Position	• Lift Foot	Matwork
Abdominal Curl 2 (Tabletop)	• Abdominal Curl 1 (Feet Down) • Ability to hold tabletop position with correct spinal position and abdominal activation	Matwork
Oblique Curl 2 (Tabletop)	• Oblique Curl 1 (Feet Down) • Abdominal Curl 2 (Tabletop)	Matwork
Nutcracker 1 (Tabletop)	• Abdominal Curl 2 (Tabletop)	Matwork
Pendulum 1 (Tabletop)	• Ability to correctly maintain T-Zone and imprint in tabletop position • No lumbar disc injuries	Matwork

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Hundreds (Level 1 in Tabletop)	• Abdominal Curl 2 (Tabletop)	Matwork
Toe Taps	• Good at holding tabletop position • Good T-Zone and Oblique activation	Matwork
Corkscrew Preparation	• Pendulum 1 (Tabletop) • Pendulum 4 (Legs Straight) • Double Leg Lowers	Matwork Programming & Progressions
Double Toe Taps	• Good at holding tabletop position • Good T-Zone and Oblique activation	Matwork Programming & Progressions
Supine Abdominals with the Legs Extending to the Ceiling		
Hundreds Preparation	• Abdominal Curl 2 (Tabletop)	Matwork
Hundreds (Level 2)	• Hundreds Preparation • Abdominal Curl 2 (Tabletop)	Matwork
Nutcracker 2 (Legs Extended)	• Nutcracker 1 (Tabletop)	Matwork
Pendulum 2 (One Leg Extending)	• Pendulum 1 (Tabletop) • No lumbar disc injuries or Sciatica	Matwork
Pendulum 3 (Both Legs Extending)	• Pendulum 2 (One Leg Extending)	Matwork Programming & Progressions
Pendulum 4 (Legs Straight)	• Pendulum 3 (Both Legs Extending)	Matwork Programming & Progressions
Supine Abdominals with the Legs Lowering		
Single Leg Stretch	• Lift and Extend • Abdominal Curl 2 (Tabletop)	Matwork
Bicycle Legs	• Abdominals Curl 2 (Tabletop) • Lift and Extend • Single Leg Stretch	Matwork
Criss Cross	• Oblique Curl 2 (Tabletop) • Bicycle Legs	Matwork
Hundreds (Level 3)	• Hundreds Preparation • Abdominal Curl 2 (Tabletop)	Matwork
Beats	• Hundreds (Level 3)	Matwork
Single Straight Leg Stretch	• Hamstring Stretch • Single Leg Stretch	Matwork
Scissors	• Bicycle Legs • Hundreds (Level 2)	Matwork Programming & Progressions
Criss Cross + Scissors	• Criss Cross • Scissors	Matwork Programming & Progressions
Helicopters	• Single Leg Circle • Scissors	Matwork Programming & Progressions
Double Leg Lowers	• Hundreds (Level 3) • Scissors	Matwork Programming & Progressions
Supine Abdominals with the Arms and Legs Moving Away from the Body		
Full Hundreds Preparation	• Hundreds Preparation • Double Leg Slides + Arm Preparation	Matwork Programming & Progressions
Double Leg Stretch	• Hundreds • Arm Preparation	Matwork Programming & Progressions
Full Double Leg Stretch	• Hundreds (Level 3) • Double Leg Stretch • Double Leg Lowers	Matwork Programming & Progressions
Supine Abdominal Exercises on the Elbows		
Bicycle Legs (On the Elbows)	• Bicycle Legs	Matwork Programming & Progressions
Beats (On the Elbows)	• Beats	Matwork Programming & Progressions

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Scissors (On the Elbows)	• Scissors • Bicycle Legs (On the Elbows)	Matwork Programming & Progressions
Helicopters (On the Elbows)	• Helicopters • Scissors (On the Elbows)	Matwork Programming & Progressions
Abdominal Rollback and Rollup Exercises		
Half Rollback 1 (Arms in Front)	• T-Zone Activation Exercise • Oblique Activation Exercise	Matwork Programming & Progressions
Half Rollback 2 (Arms Opening)	• Half Rollback 1 (Arms in Front)	Matwork Programming & Progressions
Half Rollback + Rotation	• Half Rollback 1 (Arms in Front)	Matwork Programming & Progressions
Make a Wish	• Half Rollback + Rotation	Matwork Programming & Progressions
Rollup	• Half Rollback 1 (Arms in Front)	Matwork Programming & Progressions
Rollup + Hamstring Stretch	• Half Rollback 1 (Arms in Front) • Double Leg Slides + Arm Preparation • Spine Stretch	Matwork Programming & Progressions
Neck Pull	• Rollup + Hamstring Stretch	Advanced Matwork
Seated Abdominal Balance Exercises		
Rolling Like a Ball	• Rollup	Matwork Programming & Progressions
Seal	• Rolling Like a Ball	Advanced Matwork
Teaser Preparation	• Bicycle Legs (On the Elbows) - Level 1 • Beats (On the Elbows) – Level 2	Matwork Programming & Progressions
Teaser	• Teaser Preparation • Rollup	Matwork Programming & Progressions
Full Teaser	• Teaser Level 2 (Legs Extended) • Rollup + Hamstring Stretch	Advanced Matwork
Can Can 1 (Knees Bent)	• Pendulum 1 (Tabletop)	Advanced Matwork
Can Can 2 (Legs Extending)	• Pendulum 3 (Both Legs Extending) • Can Can 1 (Knees Bent)	Advanced Matwork
Can Can 3 (Straight Legs)	• Pendulum 4 (Straight Legs) • Can Can 2 (Legs Extending)	Advanced Matwork
Open Leg Rocker Preparation 1 (Single Leg)	• Rolling Like a Ball • Teaser Preparation - Level 2 (Legs Extended)	Advanced Matwork
Open Leg Rocker Preparation 2 (Double Leg)	• Open Leg Rocker Preparation 1 (Single Leg)	Advanced Matwork
Open Leg Rocker	• Open Leg Rocker Preparation 2 (Double Leg) • Rolling Like a Ball • Teaser Preparation - Level 2 (Legs Extended)	Advanced Matwork
Abdominal Exercises Rolling up onto the Shoulder Blades (Legs Overhead)		
Rollover	• Double Leg Lowers • Spine Stretch • Rollup	Advanced Matwork
Jacknife	• Rollover • Rollup	Advanced Matwork
Controls Balance	• Rollover • Jacknife	Advanced Matwork
Corkscrew	• Pendulum 4 (Legs Straight) • Corkscrew Preparation	Advanced Matwork

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Boomerang	• Rollover • Full Teaser • Spine Stretch	Advanced Matwork
High Scissors	• Single Straight Leg Stretch • Rollover • Jacknife • Scissors	Advanced Matwork
High Bicycle	• High Scissors	Advanced Matwork
Plank Abdominal Exercises		
Plank 1 (On the Knees)	• Serratus Anterior Activation Exercise • T-Zone Activation Exercise • Oblique Activation Exercise • Ability to weight bear on the wrists	Matwork
Plank 2 (On the Feet)	• Plank 1 (On the Knees)	Matwork
Rolldown into Plank	• Rolldown Stretch • Plank 2 (On the Feet)	Matwork Programming & Progressions
Controls Front 1 (Pikes)	• Plank 2 (On the Feet) • Rolldown Stretch	Matwork Programming & Progressions
Controls Front 2 (Leg Lift)	• Plank 2 (On the Feet) • Horsekick 2 (Pulses)	Matwork Programming & Progressions
Mountain Climbers 1 (Parallel)	• Plank 2 (On the Feet) • Horsekick 1 (Bend and Extend)	Matwork Programming & Progressions
Mountain Climbers 2 (Obliques)	• Mountain Climbers 1 (Parallel)	Matwork Programming & Progressions
Star 1 (On the Knees)	• Plank 1 (On the Knees) • Double Leg Lift 1 (Head Down) • Horsekick 4 (Arm and Leg Lift)	Matwork Programming & Progressions
Star 2 (On the Feet)	• Plank 2 (On the Feet) • Star 1 (On the Knees)	Matwork Programming & Progressions
Star 3 (Twist)	• Star 2 (On the Feet) • Thread the Needle • Controls Front 1 (Pikes)	Matwork Programming & Progressions
Side Lying Abdominal Exercises		
Double Leg Lift 1 (Head Down)	• Good T-Zone and Oblique activation	Matwork
Double Leg Lift 2 (Upper Body Lifting)	• Double Leg Lift 1 (Head Down)	Matwork
Double Leg Lift 3 (Beats)	• Double Leg Lift 1 (Head Down)	Matwork
Double Leg Lift 4 (Scissors)	• Double Leg Lift 1 (Head Down)	Matwork

BACK, SHOULDER & ARM EXERCISES

Basic Activation Exercises		
Exercise	**Prerequisites**	**Course**
Serratus Anterior Activation Exercise	• T-Zone Activation Exercise • Ability to weight bear on the wrists	Matwork
Lower Trapezius Activation 1 (Arms Overhead)	• T-Zone Activation Exercise	Matwork
Lower Trapezius Activation 2 (Arms at 90°)	• T-Zone Activation Exercise	Matwork
Lower Trapezius Activation 3 (Arms by Side)	• T-Zone Activation Exercise	Matwork
Prone Upper Back and Shoulder Exercises with the Head Down		
Flight 1 (Head Down)	• Lower Trapezius Activation 3 (Arms by Side)	Matwork

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Breaststroke Arm Preparation 1 (Head Down)	• Lower Trapezius Activation 1 (Arms Overhead) • Lower Trapezius Activation 2 (Arms at 90 Degrees)	Matwork
Prone Upper Back and Shoulder Exercises with the Upper Body Lifting		
Flight 2 (Head Up)	• Flight 1 (Head Down) • Swan Preparation	Matwork
Breaststroke Arm Preparation 2 (Head Up)	• Breaststroke Arm Preparation 1 (Head Down) • Swan Preparation	Matwork
Breaststroke Arms	• Breaststroke Arm Preparation 2 (Head Up) • Swan Preparation	Matwork
Freestyle Arms	• Lower Trapezius Activation 1 (Arms Overhead) • Swan Preparation	Matwork
Prone Upper Back and Shoulder Exercises with the Legs Moving		
Breaststroke	• Breaststroke Arms • Breaststroke Legs	Matwork
Freestyle	• Freestyle Arms • Freestyle Legs	Matwork
Prone Extension and Rocking Exercises		
Swan Preparation	• Lower Trapezius Activation 2 (Arms at 90 Degrees)	Matwork
Swan	• Swan Preparation	Matwork Programming & Progressions
Swan Dive Preparation	• Freestyle Legs • Swan • Double Leg Kick	Matwork Programming & Progressions
Swan Dive	• Freestyle • Swan Dive Preparation	Advanced Matwork
Rocking Preparation	• Kneeling Quad Stretch • Hip Flexor Stretch • Swan Preparation • Flight • Swan	Matwork Programming & Progressions
Rocking	• Rocking Preparation • Swan Dive Preparation	Advanced Matwork
Plank Upper Body Exercises		
Tricep Circles	• Serratus Anterior Activation Exercise • Flight • Ability to weight bear on the wrists	Matwork
Pilates Push Ups 1 (On the Knees)	• Plank 1 (On the Knees) • Ability to weight bear through the wrists	Matwork
Pilates Push Ups 2 (On the Feet)	• Plank 2 (On the Feet) • Pilates Push Up 1 (On the Knees) • Ability to weight bear through the wrists	Matwork

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GLUTEAL, HIP & LEG EXERCISES

Basic Activation Exercises		
Exercise	**Prerequisites**	**Course**
Gluteus Maximus Activation Exercise	• T-Zone Activation Exercise	Matwork
Gluteus Medius Activation Exercise	• T-Zone Activation Exercise	Matwork
Deep Hip Rotator Activation Exercise	• T-Zone Activation Exercise	Matwork
Supine Buttock and Hamstring Exercises		
Pelvic Curl 1 (Rolling Up and Down)	• Gluteus Maximus Activation Exercise	Matwork
Pelvic Curl 2 (Openings)	• Pelvic Curl 1 (Rolling Up and Down)	Matwork
Pelvic Curl 3 (Single Leg Lift)	• Pelvic Curl 1 (Rolling Up and Down)	Matwork
Controls Back 1 (Pelvic Lift)	• Pelvic Curl 1 (Rolling Up and Down)	Matwork Programming & Progressions
Controls Back 2 (Leg Lift)	• Pelvic Curl 3 (Single Leg Lift) • Controls Back 1 (Pelvis Lift)	Matwork Programming & Progressions
Prone Buttock and Hamstring Exercises		
Breaststroke Legs	• Gluteus Maximus Activation Exercise • Enough hip extension range of movement/Hip Flexor muscle length to be able to lift the legs off the floor	Matwork
Freestyle Legs	• Horsekick 2 (Pulses) • Enough hip extension range of movement/Hip Flexor muscle length to be able to lift the legs off the floor	Matwork
Single Leg Kick	• Swan Preparation • Serratus Anterior Activation Exercise • Swan	Matwork Programming & Progressions
Double Leg Kick	• Flight 2 (Head Up) • Single Leg Kick	Matwork Programming & Progressions
Grasshopper	• Breaststroke Legs • Freestyle Legs • Double Leg Kick	Matwork Programming & Progressions
Side Lying Buttock Exercises		
Clam 1 (Feet Down)	• T-Zone Activation Exercise • Gluteus Medius Activation Exercise	Matwork
Clam 2 (Feet Up)	• Clam 1 (Feet Down)	Matwork
Clam 3 (90 Degrees)	• Deep Hip Rotator Activation Exercise • Clam 1 (Feet Down)	Matwork
Clam Kickout 1 (Feet Down)	• Clam 1 (Feet Down)	Matwork
Clam Kickout 2 (Feet Up)	• Clam 2 (Feet Up)	Matwork
Clam Kickout 3 (90 Degrees)	• Clam 3 (90 Degrees)	Matwork
Circles	• Clam Kickout 1 (Feet Down)	Matwork
Straight Leg Raise	• Clam Kickout 1 (Feet Down)	Matwork
Hot Potato	• Straight Leg Raise	Matwork
Rectangles	• Circles	Matwork
Bicycles	• Clam Kickout 1 (Feet Down) • Clam Kickout 3 (90 Degrees)	Matwork
Side Kick	• Circles • Clam Kickout	Matwork Programming & Progressions
Side Kick Front	• Rectangles	Matwork Programming & Progressions

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	• Side Kick	
Zig Zag	• Hot Potato • Rectangles • Clam Kickout • Side Kick • Side Kick Front	Matwork Programming & Progressions
Side Buttock Exercises on the Elbow or Hand		
Clam Kickout 1 (On the Elbow)	• Clam Kickout 1 (Feet Down)	Matwork Programming & Progressions
Circles (On the Elbow)	• Clam Kickout 1 (On the Elbow) • Circles	Matwork Programming & Progressions
Bicycles (On the Elbow)	• Clam Kickout 1 (On the Elbow) • Bicycles	Matwork Programming & Progressions
Kneeling Sidekick 1 (Up and Down)	• Circles • Straight Leg Raise	Matwork
Kneeling Sidekick 2 (Side to Side)	• Kneeling Sidekick 1 (Up and Down) • Rectangles	Matwork
Four Point Kneeling Buttock Exercises		
Horsekick 1 (Bend and Extend)	• Clam Kickout 1 (Feet Down) • Clam Kickout 3 (90 Degrees) • Bicycles • Rectangles	Matwork
Horsekick 2 (Pulses)	• Horsekick 1 (Bend and Extend)	Matwork
Horsekick 3 (Sidekick)	• Horsekick 1 (Bend and Extend) • Horsekick 2 (Pulses)	Matwork
Horsekick 4 (Arm and Leg Lift)	• Horsekick 1 (Bend and Extend) • Lower Trapezius Activation 1 (Arms Overhead)	Matwork Programming & Progressions
Inner Thigh and Quadriceps Exercises		
Inner Thigh Lift	• T-Zone Activation Exercise	Matwork
Hinge 1 (Arms in Front)	• The ability to kneel with no knee pain	Matwork
Hinge 2 (Arms Opening)	• Hinge 1 (Arms in Front)	Matwork

STRETCHES

Supine Stretches		
Exercise	**Prerequisites**	**Course**
Hamstring Stretch	• None	Matwork
Gluteal Stretch Supine	• No major injuries of the hips and knees	Matwork
Lying Torso Stretch 1 (Arm Opening)	• T-Zone Activation Exercise • Chest Stretch	Matwork Programming & Progressions
Lying Torso Stretch 2 (Arm Circling)	• Lying Torso Stretch 1 (Arm Opening)	Matwork Programming & Progressions
Sitting Stretches		
Armchair Stretch	• Flexible enough trough the hips, knees and spine to sit in this position • No lumbar spine Disc Bulge	Matwork
Mermaid Stretch	• Enough hip and knee mobility to get into the position	Matwork
Spiral Stretch	• No lumbar spine Disc Bulge • Enough hip and knee mobility to get into the position	Matwork

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Mermaid Stretch + Lift	• Mermaid Stretch • Kneeling Hip Flexor Stretch + Arm Overhead	Matwork Programming & Progressions
Spine Stretch	• Hamstring Stretch • Rolldown Stretch	Matwork Programming & Progressions
Spine Twist	• Lying Torso Stretch 1 (Arm Opening)	Matwork Programming & Progressions
Saw	• Spiral Stretch • Spine Stretch • Spine Twist	Matwork Programming & Progressions
Kneeling Stretches		
Kneeling Hip Flexor Stretch	• Ability to kneel	Matwork
Kneeling Quad Stretch	• Ability to kneel • Hip Flexor Stretch	Matwork
Prayer Stretch	• Enough hip, knee and shoulder flexibility to get into this position (near full range of flexion)	Matwork
Cat Stretch	• Serratus Anterior Activation • Oblique Activation Exercise	Matwork Programming & Progressions
Thread the Needle	• Serratus Anterior Activation Exercise	Matwork Programming & Progressions
Standing Stretches		
Neck Stretch	• No major neck joint pathology	Matwork
Chest Stretch	• Enough range of movement in the shoulder joint to get into the required position • No pain in the shoulder joint in this position	Matwork
Rolldown Stretch	• No Disc Bulge or Sciatica • Hamstring Stretch	Matwork
Prone Stretches		
Gluteal Stretch Prone	• No knee pain • Reasonable hip mobility and buttock flexibility	Matwork

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MATWORK PROGRESSIONS EXERCISE SUBSTITUTIONS

When programming for a large or small group class, there may often be one or several clients in the class who cannot perform certain exercises. You have a few options in this scenario -

- Only use exercises that most or all clients can perform
- Use exercises in which you can give easier levels or modifications to
- Have the client perform a substitution exercise that is similar to the one the rest of the class are doing, ideally working the same muscle group

When substituting an exercise, it is easiest to choose an exercise that is in the same series, but appears earlier in the manual and is easier.

The substitution exercise that you choose will greatly depend on the reason why the client is unable to perform the exercise. For example, a client may not be able to perform the exercise because of an injury, pregnancy or weakness. As such, if injury or pregnancy are the reason behind the client's inability to perform the exercise, you also need to take into consideration the guidelines around these conditions when prescribing an alternative exercise.

If you do need to give a substitution exercise, bear in mind that you will need to cue the clients quickly through the exercise or give them a quick demonstration of it. Never assume that the client knows how to perform this exercise even if they have performed it before. If you're cueing or preventing the rest of the class from flowing well, this will impact the class experience for the other clients. If you are finding that a client requires a great deal of substitution, they may be better suited to a smaller group class or a private session, in which you are more easily able to tailor the class to their individual needs.

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Substitution Recommendations for Matwork Progressions Exercises

Exercise	Substitution
SUPINE ABDOMINAL SERIES	
Scapula Activation Exercise	Arm Preparation **Matwork**
	Leg Slides **Matwork**
Pendulum 3 (Both Legs Extending)	Pendulum 2 (One Leg Extending) **Matwork**
	Pendulum 1 (Tabletop Position) **Matwork**
	Oblique Curl 1 (Feet Down) **Matwork**
Pendulum 4 (Legs Straight)	Pendulum 3 (Both Legs Extending)
	Pendulum 2 (One Leg Extending) **Matwork**
Corkscrew Preparation	Pendulum 1 (Tabletop Position) **Matwork**
	Oblique Curl 2 (Tabletop) **Matwork**
	Oblique Curl 1 (Feet Down) **Matwork**
Double Toe Taps	Toe Taps **Matwork**
	Lift Foot **Matwork**
Double Leg Slides + Arm Preparation	Arm Preparation **Matwork**
	Leg Slides **Matwork**
	Bent Knee Fallouts **Matwork**
Full Hundreds Preparation	Hundreds Preparation **Matwork**
	Double Leg Slides + Arm Preparation
	Abdominal Curl 2 (Tabletop Position) **Matwork**
Double Leg Stretch	Hundreds (Level 1 or 2) **Matwork**
Full Double Leg Stretch	Double Leg Stretch
Scissors	Bicycle Legs **Matwork**
	Hundreds (Level 2) **Matwork**
Criss Cross + Scissors	Scissors
	Criss Cross **Matwork**
Helicopters	Scissors
	Single Leg Circle **Matwork**
Double Leg Lowers	Hundreds (Level 3) **Matwork**
	Scissors
Bicycle Legs (On the Elbows)	Bicycle Legs **Matwork**
	Lift and Extend **Matwork**
Beats (On the Elbows)	Bicycle Legs (On the Elbows)
	Beats
	Nutcracker 1 (Tabletop)
Scissors (On the Elbows)	Bicycle Legs (On the Elbows)
	Scissors
Helicopters (On the Elbows)	Helicopters
	Scissors
	Single Leg Circle **Matwork**
Half Rollback 1 (Arms in Front)	Abdominal Curl 1 (Feet Down) **Matwork**
	T-Zone Activation Exercise **Matwork**
	Oblique Activation Exercise **Matwork**
Half Rollback 2 (Arms Opening)	Half Rollback 1 (Arms in Front)
Half Rollback + Rotation	Half Rollback 2 (Arms Opening)
	Half Rollback 1 (Arms in Front)
	Oblique Curl 1 (Feet Down) **Matwork**
Make a Wish	Half Rollback + Rotation

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	Half Rollback 2 (Arms Opening) Half Rollback 1 (Arms in Front)
Rollup	Half Rollback 2 (Arms Opening) Half Rollback 1 (Arms in Front)
Rollup + Hamstring Stretch	Rollup Half Rollback 2 (Arms Opening) Half Rollback 1 (Arms in Front) Hamstring Stretch **Matwork**
Rolling Like a Ball	Rollup Half Rollback 2 (Arms Opening) Half Rollback 1 (Arms in Front)
Teaser Preparation	Bicycle Legs (On the Elbows) – Level 1 Beats (On the Elbows) – Level 2
Teaser	Teaser Preparation Rollup
PRONE SERIES	
Single Leg Kick	Swan Swan Preparation **Matwork**
Double Leg Kick	Single Leg Kick Swan Swan Preparation **Matwork**
Grasshopper	Double Leg Kick Breaststroke Legs Freestyle Legs
Rocking Preparation	Swan Kneeling Quad Stretch **Matwork**
Swan	Swan Preparation **Matwork**
Swan Dive Preparation	Swan
PLANK ABDOMINAL SERIES	
Horsekick 4 (Arm and Leg Lift)	Horsekick 1 (Bend and Extend) **Matwork** Pelvic Curl 1 (Rolling Up and Down) **Matwork** Freestyle Arms **Matwork** Lower Trapezius Activation 1 (Arms Overhead) **Matwork**
Rolldown into Plank	Rolldown Stretch **Matwork** Plank 2 (On the Feet) **Matwork** Plank 1 (On the Knees) **Matwork**
Controls Front 1 (Pikes)	Plank 2 (On the Feet) **Matwork** Plank 1 (On the Knees) **Matwork** Rolldown Stretch **Matwork**
Controls Front 2 (Leg Lift)	Controls Front 1 (Pikes) Plank 2 (On the Feet) **Matwork** Horsekick 2 (Pulses) **Matwork**
Mountain Climber 1 (Parallel)	Plank 2 (On the Feet) **Matwork** Horsekick 1 (Bend and Extend) **Matwork**
Mountain Climber 2 (Obliques)	Mountain Climber 1 (Parallel) Plank 2 (On the Feet) **Matwork** Horsekick 1 (Bend and Extend) **Matwork**
Star 1 (On the Knees)	Plank 1 (On the Knees) **Matwork** Double Leg Lift **Matwork**
Star 2 (On the Feet)	Star 1 (On the Knees)

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	Plank 1 (On the Knees) **Matwork**
	Double Leg Lift 2 (Upper Body Lifting) **Matwork**
Star 3 (Twist)	Star 2 (On the Feet) Controls Front 1 (Pikes) Thread the Needle
Controls Back 1 (Pelvic Lift)	Controls Front 2 (Leg Lift) Controls Front 1 (Pikes) Rolldown into Plank Pilates Push Ups 2 (On the Feet) Pilates Push Ups 1 (On the Knees) Horsekick 4 (Arm and Leg Lift) Horsekick 1 (Bend and Extend) **Matwork** Pelvic Curl 1 (Rolling Up and Down) **Matwork** Clam Kickout 1 (Feet Down) **Matwork**
Controls Back 2 (Leg Lift)	Controls Back 1 (Pelvic Lift)
SIDE LYING SERIES	
Side Kick	Circles **Matwork** Clam Kickout **Matwork**
Side Kick Front	Side Kick Rectangles **Matwork**
Zig Zag	Side Kick Side Kick Front Hot Potato **Matwork** Rectangles **Matwork** Clam Kickout **Matwork**
Clam Kickout 1 (On the Elbow)	Clam Kickout 1 (Feet Down) **Matwork**
Circles (On the Elbow)	Circles **Matwork**
Bicycles (On the Elbow)	Bicycles **Matwork**
STRETCHING SERIES	
Cat Stretch	Rolldown stretch **Matwork** Swan Preparation **Matwork** Serratus Anterior Activation **Matwork**
Thread the Needle	Armchair Stretch **Matwork** Serratus Anterior Activation **Matwork**
Lying Torso Stretch 1 (Arm Opening)	Chest Stretch **Matwork**
Lying Torso Stretch 2 (Arm Circling)	Lying Torso Stretch 1 (Arm Opening) Chest Stretch **Matwork**
Kneeling Hip Flexor Stretch + Arm Overhead	Kneeling Hip Flexor Stretch **Matwork**
Mermaid Stretch + Lift	Mermaid Stretch **Matwork** Kneeling Hip Flexor Stretch + Arm Overhead
Spine Stretch	Spine Twist Rolldown Stretch **Matwork** Hamstring Stretch **Matwork**
Spine Twist	Spine Stretch Spiral Stretch **Matwork** Lying Torso Stretch 1 (Arm Opening) **Matwork**
Saw	Spine Twist Spine Stretch
ADVANCED MATWORK EXERCISES	
SUPINE ABDOMINAL SERIES	

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Neck Pull	Rollup + Hamstring Stretch **Matwork Progressions** Rollup **Matwork Progressions**
Can Can 1 (Knees Bent)	Pendulum 2 (One Leg Extending) **Matwork** Pendulum 1 (Tabletop Position) **Matwork** Oblique Curl 2 (Tabletop Position) **Matwork**
Can Can 2 (Legs Extending)	Pendulum 3 (Both Legs Extending) **Matwork** Pendulum 2 (One Leg Extending) **Matwork** Criss Cross **Matwork**
Can Can 3 (Straight Legs)	Pendulum 4 (Straight Legs) **Matwork** Pendulum 3 (Both Legs Extending) **Matwork** Criss Cross + Scissors **Matwork Progressions**
Seal	Rolling Like a Ball **Matwork Progressions** Half Rollback 1 (Arms in Front) **Matwork Progressions**
Open Leg Rocker Preparation 1 (Single Leg)	Seal Rolling Like a Ball **Matwork Progressions** Teaser Preparation - Level 2 (Legs Extended) **Matwork Progressions**
Open Leg Rocker Preparation 2 (Double Leg)	Open Leg Rocker Preparation 1 (Single Leg)
Open Leg Rocker	Open Leg Rocker Preparation 2 (Double Leg) Open Leg Rocker Preparation 1 (Single Leg)
Full Teaser	Teaser **Matwork Progressions** Teaser Preparation **Matwork Progressions**
Rollover	Rollup **Matwork Progressions** Spine Stretch **Matwork Progressions** Double Leg Lowers **Matwork**
Jacknife	Rollover Rollup **Matwork Progressions** Hundreds Preparation **Matwork** Double Leg Lowers **Matwork**
Controls Balance	Jacknife Rollover **Matwork Progressions**
Corkscrew	Corkscrew Preparation **Matwork Progressions** Pendulum 1 (Tabletop) **Matwork** Double Leg Lowers **Matwork**
Boomerang	Rollover Full Teaser Spine Stretch**Matwork Progressions**
High Scissors	Scissors (On the Elbows) **Matwork Progressions** Scissors **Matwork Progressions**
High Bicycle	Bicycle Legs (On the Elbows) **Matwork Progressions** Bicycle Legs **Matwork**
PRONE SERIES	
Rocking	Rocking Preparation **Matwork Progressions** Swan Dive Preparation **Matwork Progressions** Swan **Matwork Progressions** Swan Preparation **Matwork**
Swan DIve	Swan Dive Preparation **Matwork Progressions** Swan **Matwork Progressions**

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	Swan Preparation **Matwork**
	Freestyle **Matwork**

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Standard Program #1

This is a 1 hour all over body workout using mostly the Matwork Progressions repertoire.

Exercise Name	Course	Notes
Cat Stretch	Matwork Progressions	
Spine Stretch	Matwork Progressions	
Leg Slides	Matwork	
Double Leg Slides + Arm Preparation	Matwork Progressions	
Full Hundreds Preparation	Matwork Progressions	
Double Leg Stretch	Matwork Progressions	
Scissor (On the Elbows)	Matwork Progressions	
Helicopter (On the Elbows)	Matwork Progressions	
Teaser Preparation	Matwork Progressions	
Half Rollback 1 (Arms in Front)	Matwork Progressions	
Make a Wish	Matwork Progressions	
Single Leg Kick	Matwork Progressions	
Double Leg Kick	Matwork Progressions	
Grasshopper	Matwork Progressions	
Side Kick	Matwork Progressions	
Side Kick Front	Matwork Progressions	
Zig Zag	Matwork Progressions	
SWAP SIDES	-	
Side Kick	Matwork Progressions	
Side Kick Front	Matwork Progressions	
Zig Zag	Matwork Progressions	
Horsekick 1 (Bend and Extend)	Matwork	
SWAP SIDES	-	
Horsekick 1 (Bend and Extend)	Matwork	
Horsekick 4 (Arm and Leg Lift)	Matwork Progressions	
Controls Back 1 (Pelvic Lift)	Matwork Progressions	
Rolldown into Plank + Hold	Matwork Progressions	
Mermaid Stretch + Lift	Matwork Progressions	
SWAP SIDES	-	
Mermaid Stretch + Lift	Matwork Progressions	

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Standard Program #2

This is a 1 hour all over body workout using mostly the Matwork Progressions repertoire.

Exercise Name	Course	Notes
Lying Torso Stretch 1 (Arm Opening)	Matwork Progressions	
SWAP SIDES	-	
Lying Torso Stretch 1 (Arm Opening)	Matwork Progressions	
Saw	Matwork Progressions	
Pendulum 1 (Tabletop)	Matwork	
Pendulum 3 (Both Legs Extending)	Matwork Progressions	
Corkscrew Preparation	Matwork Progressions	
Criss Cross	Matwork	
Criss Cross + Scissors	Matwork Progressions	
Rolling Like a Ball	Matwork Progressions	
Rollup + Hamstring Stretch	Matwork Progressions	
Teaser	Matwork Progressions	
Rocking Preparation	Matwork Progressions	
Flight 2 (Head Up)	Matwork	
Swan	Matwork Progressions	
Swan Dive Preparation	Matwork Progressions	
Controls Front 1 (Pikes)	Matwork Progressions	
Mountain Climber 1 (Parallel)	Matwork Progressions	
Mountain Climber 2 (Obliques)	Matwork Progressions	
Star 1 (On the Knees) OR Star 2 (On the Feet)	Matwork Progressions	
Clam Kickout 1 (On the Elbows)	Matwork Progressions	
Circles (On the Elbows)	Matwork Progressions	
Bicycle (On the Elbows)	Matwork Progressions	
SWAP SIDES	-	
Clam Kickout 1 (On the Elbows)	Matwork Progressions	
Circles (On the Elbows)	Matwork Progressions	
Bicycle (On the Elbows)	Matwork Progressions	
Kneeling Hip Flexor Stretch + Arm Overhead	Matwork Progressions	
SWAP SIDES	-	
Kneeling Hip Flexor Stretch + Arm Overhead	Matwork Progressions	
Thread the Needle	Matwork Progressions	
SWAP SIDES	-	
Thread the Needle	Matwork Progressions	

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General Programming Advice for Lower Back Pain

All clients with lower back pain should start with exercises contained within phase 1 that are suitable for their individual injury. Some clients may need to stay in phase 1 for a long period of time to build up core muscle strength and activation while others may progress onto phase 2 more quickly.

Clients with lower back pain tend to be weakest in their abdominal muscles. These muscles often need to be retrained and strengthened from quite a weakened state. As such, the client may remain in phase 1 for abdominal exercises but be able to progress to the phase 2 upper or lower body exercises sooner.

Clients with lower back pain generally tend to have weak T-Zone, Obliques and Gluteal muscles. They often tend to have tight Hamstrings, Quadriceps, Hip Flexors, Gluteal muscles, Quadratus Lumborum and lumbar spine Erector Spinae muscles. The program should focus on strengthening the weak muscles and stretching the tight ones and restoring flexibility in the lower back into all planes of movement.

It is safest to initially perform exercises where the spine is supported in a neutral position and work towards increasing mobility of the spine into flexion, rotation and extension and decreasing the amount of support on the lower back. As strength and mobility improves, exercises which strengthen the muscles in these larger ranges of movement can be included.

Initially, each client will differ in which spinal movements cause them pain. Start off with the exercises in the spinal movements which are most comfortable, then gradually work into the other directions as strength and mobility improves.

This manual gives you 6 lower back pain specific programs. Program #1 is the easiest and each subsequent program progresses your clients through some slightly harder exercises as they develop strength.

Refer to the Table of Progression Sequences for more ideas and examples of programming.

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Lower Back Pain Program #1

Exercise Name	Course	Notes
Kneeling Hip Flexor Stretch	Matwork	
SWAP SIDES	-	
Kneeling Hip Flexor Stretch	Matwork	
Hamstring Stretch	Matwork	
SWAP SIDES	-	
Hamstring Stretch	Matwork	
T-Zone Activation Exercise	Matwork	
Bent Knee Fallouts	Matwork	
Oblique Activation Exercise	Matwork	
Lift Foot	Matwork	
Leg Slides	Matwork	
Lift and Extend	Matwork	
Arm Preparation	Matwork	
Abdominal Curl 1 (Feet Down)	Matwork	
Oblique Curl 1 (Feet Down)	Matwork	
Pelvic Curl 1 (Rolling Up and Down)	Matwork	
Clam 3 (90 Degrees)	Matwork	
Clam 1 (Feet Down)	Matwork	
Clam Kickout 1 (Feet Up)	Matwork	
SWAP SIDES	-	
Clam 3 (90 Degrees)	Matwork	
Clam 1 (Feet Down)	Matwork	
Clam Kickout 1 (Feet Up)	Matwork	
Horsekick 1 (Bend and Extend)	Matwork	
SWAP SIDES	-	
Horsekick 1 (Bend and Extend)	Matwork	
Swan Preparation	Matwork	
Flight 1 (Head Down)	Matwork	
Tricep Circles	Matwork	
Plank 1 (On the Knees)	Matwork	
Prayer Stretch	Matwork	
Gluteal Stretch Supine	Matwork	
SWAP SIDES	-	
Gluteal Stretch Supine	Matwork	

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Lower Back Pain Program #2

Exercise Name	Course	Notes
Cat Stretch	Matwork Progressions	
Prayer Stretch	Matwork	
Bent Knee Fallouts	Matwork	
Leg Slides	Matwork	
Double Leg Slides + Arm Preparation	Matwork Progressions	Single leg modification
Pendulum 1 (Tabletop)	Matwork	Modification with the feet down
Abdominal Curl 1 (Feet Down)	Matwork	
Oblique Curl 1 (Feet Down)	Matwork	
Tabletop Position	Matwork	
Abdominal Curl 2 (Tabletop)	Matwork	
Oblique Curl 2 (Tabletop)	Matwork	
Nutcracker 1 (Tabletop)	Matwork	
Single Leg Stretch	Matwork	
Half Rollback 1 (Arms in Front)	Matwork Progressions	
Clam 2 (Feet Up)	Matwork	
Clam Kickout 1 (Feet Up)	Matwork	
SWAP SIDES	-	
Clam 2 (Feet Up)	Matwork	
Clam Kickout 1 (Feet Up)	Matwork	
Horsekick 1 (Bend and Extend)	Matwork	
Horsekick 2 (Pulses)	Matwork	
SWAP SIDES	-	
Horsekick 1 (Bend and Extend)	Matwork	
Horsekick 2 (Pulses)	Matwork	
Swan	Matwork	
Breaststroke Arm Prep 1 (Head Down)	Matwork	
Flight 2 (Head Up)	Matwork	
Kneeling Quad Stretch	Matwork	
SWAP SIDES	-	
Kneeling Quad Stretch	Matwork	
Gluteal Stretch Supine	Matwork	
SWAP SIDES	-	
Gluteal Stretch Supine	Matwork	

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Lower Back Pain Program #3

Exercise Name	Course	Notes
Mermaid Stretch	Matwork	
SWAP SIDES	-	
Mermaid Stretch	Matwork	
Kneeling Hip Flexor Stretch + Arm Overhead	Matwork Progressions	
SWAP SIDES	-	
Kneeling Hip Flexor Stretch + Arm Overhead	Matwork Progressions	
Lift and Extend	Matwork	
Single Leg Circle	Matwork	
SWAP SIDES	-	
Single Leg Circle	Matwork	
Abdominal Curl 2 (Tabletop)	Matwork	
Oblique Curl 2 (Tabletop)	Matwork	
Bicycle Legs	Matwork	
Hundreds Preparation	Matwork	
Hundreds	Matwork	
Pelvic Curl 1 (Rolling Up and Down)	Matwork	
Pelvic Curl 2 (Openings)	Matwork	
Clam Kickout 3 (90 Degrees)	Matwork	
Rectangles	Matwork	
Straight Leg Raise	Matwork	
SWAP SIDES	-	
Clam Kickout 3 (90 Degrees)	Matwork	
Rectangles	Matwork	
Straight Leg Raise	Matwork	
Inner Thigh Lift	Matwork	
Double Leg Lift 1 (Head Down)	Matwork	
SWAP SIDES	-	
Inner Thigh Lift	Matwork	
Double Leg Lift 1 (Head Down)	Matwork	
Single Leg Kick	Matwork Progressions	
Rocking Preparation	Matwork Progressions	
Spiral Stretch	Matwork	
SWAP SIDES	-	
Spiral Stretch	Matwork	
Gluteal Stretch Supine	Matwork	
SWAP SIDES	-	
Gluteal Stretch Supine	Matwork	

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Lower Back Pain Program #4

Exercise Name	Course	Notes
Mermaid Stretch + Lift	Matwork Progressions	
SWAP SIDES	-	
Mermaid Stretch + Lift	Matwork Progressions	
Kneeling Quad Stretch	Matwork	
SWAP SIDES	-	
Kneeling Quad Stretch	Matwork	
Toe Taps	Matwork	
Pendulum 1 (Tabletop)	Matwork	
Bicycle (On the Elbows)	Matwork Progressions	
Beats (On the Elbows)	Matwork Progressions	
Criss Cross	Matwork	
Hundreds Preparation	Matwork	
Hundreds	Matwork	
Half Rollback 1 (Arms in Front)	Matwork Progressions	
Clam Kickout 1 (On the Elbow)	Matwork Progressions	
Circles (On the Elbow)	Matwork Progressions	
Bicycles (On the Elbow)	Matwork Progressions	
SWAP SIDES	-	
Clam Kickout 1 (On the Elbow)	Matwork Progressions	
Circles (On the Elbow)	Matwork Progressions	
Bicycles (On the Elbow)	Matwork Progressions	
Horsekick 2 (Pulses)	Matwork	
Horsekick 3 (Sidekick)	Matwork	
SWAP SIDES	-	
Horsekick 2 (Pulses)	Matwork	
Horsekick 3 (Sidekick)	Matwork	
Breaststroke Arms	Matwork	
Breaststroke Legs	Matwork	
Double Leg Lift 2 (Upper Body Lifting)	Matwork	
Double Leg Lift 3 (Beats)	Matwork	
SWAP SIDES	-	
Double Leg Lift 2 (Upper Body Lifting)	Matwork	
Double Leg Lift 3 (Beats)	Matwork	
Gluteal Stretch Prone	Matwork	
SWAP SIDES	-	
Gluteal Stretch Prone	Matwork	
Rolldown Stretch	Matwork	

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Lower Back Pain Program #5

Exercise Name	Course	Notes
Spine Stretch	Matwork Progressions	
Spine Twist	Matwork Progressions	
Double Leg Slides + Arm Preparation	Matwork Progressions	
Full Hundreds Preparation	Matwork Progressions	
Double Leg Stretch	Matwork Progressions	
Nutcracker 2 (Legs Extended)	Matwork	
Half Rollback 2 (Arms Opening)	Matwork Progressions	
Rollup	Matwork Progressions	
Rolling Like a Ball	Matwork Progressions	
Teaser Preparation	Matwork Progressions	
Pelvic Curl 1 (Rolling Up and Down)	Matwork	
Pelvic Curl 2 (Openings)	Matwork	
Hot Potato	Matwork	
Zig Zag	Matwork Progressions	
Kneeling Sidekick 1 (Up and Down)	Matwork	
Kneeling Sidekick 2 (Side to Side)	Matwork	
SWAP SIDES	-	
Hot Potato	Matwork	
Zig Zag	Matwork Progressions	
Kneeling Sidekick 1 (Up and Down)	Matwork	
Kneeling Sidekick 2 (Side to Side)	Matwork	
Double Leg Kick	Matwork Progressions	
Breaststroke	Matwork	
Grasshopper	Matwork Progressions	
Plank 2 (On the Feet)	Matwork	
Pilates Push Ups 1 (On the Knees)	Matwork	
Controls Front 1 (Pikes)	Matwork Progressions	
Star 1 (On the Knees)	Matwork Progressions	
SWAP SIDES	-	
Star 1 (On the Knees)	Matwork Progressions	
Thread the Needle	Matwork Progressions	
SWAP SIDES	-	
Thread the Needle	Matwork Progressions	

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Lower Back Pain Program #6

Exercise Name	Course	Notes
Spine Stretch	Matwork Progressions	
Saw	Matwork Progressions	
Pendulum 2 (One Leg Extending)	Matwork Progressions	
Corkscrew Preparation	Matwork Progressions	
Scissor (On the Elbows)	Matwork Progressions	
Helicopter (On the Elbows)	Matwork Progressions	
Half Rollback + Rotation	Matwork Progressions	
Make a Wish	Matwork Progressions	
Rollup + Hamstring Stretch	Matwork Progressions	
Teaser	Matwork Progressions	
Swan	Matwork Progressions	
Swan Dive Preparation	Matwork Progressions	
Side Kick	Matwork Progressions	
Side Kick Front	Matwork Progressions	
Zig Zag	Matwork Progressions	
SWAP SIDES	-	
Side Kick	Matwork Progressions	
Side Kick Front	Matwork Progressions	
Zig Zag	Matwork Progressions	
Pelvic Curl 1 (Rolling Up and Down)	Matwork	
Pelvic Curl 3 (Single Leg Lift)	Matwork	
Controls Back 1 (Pelvic Lift)	Matwork Progressions	
Horsekick 4 (Arm and Leg Lift)	Matwork Progressions	
Mountain Climber 1 (Parallel)	Matwork Progressions	
Mountain Climber 2 (Obliques)	Matwork Progressions	
Star 2 (On the Feet)	Matwork Progressions	
SWAP SIDES	-	
Star 2 (On the Feet)	Matwork Progressions	
Hinge 1 (Arms in Front)	Matwork	
Hinge 2 (Arms Opening)	Matwork	
Kneeling Quad Stretch	Matwork	
SWAP SIDES	-	
Kneeling Quad Stretch	Matwork	

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General Programming Advice for Neck Pain

All clients with neck pain should start with exercises contained within phase 1 that are suitable for their individual injury. Some clients may need to stay in phase 1 for a long period of time to build up core muscle strength and activation while others may progress onto phase 2 more quickly.

Clients with neck pain tend to be weakest in their neck, upper back, shoulder blade and abdominal muscles. These muscles often need to be retrained and strengthened from quite a weakened state. As such, the client may remain in phase 1 for abdominal or upper body exercises but be able to progress to the phase 2 lower body exercises sooner.

Clients will usually start performing abdominal exercises with their head down, and may be able to progress to harder abdominal exercises more quickly if they keep their head down. However, to regain strength in the deep neck flexors, at some point clients do need to try to start lifting their head, even if it's just for a few repetitions. As their neck strength builds, clients can lift their for head for more repetitions and even hold their head up during exercises which require sustained head lifting.

When keeping the head down, it is easier to activate the abdominals when the head is supported on a cushion. A cushion also assists clients in keeping their chin tucked in when they are starting to learn how to lift their head. Initially, place the cushion under the head and lift up from there. As the client's strength improves you can decrease the height of the cushion or remove it altogether.

Clients with lower back pain generally tend to have weak Deep Neck Flexors, Lower Trapezius and Thoracic Erector Spinae. They often tend to have tight Pectoral muscles, Latissimus Dorsi, Upper Trapezius, Scalenes and Sternocleidomastoid. They are often stiff through their upper back and have decreased thoracic extension and rotation. The program should focus on strengthening the weak muscles and stretching the tight ones as well as improving upper back extension.

Initially, it is safest to perform prone shoulder blade exercises where the head is down and work on controlling the Scapula in a supported position. Then, the focus is on increasing mobility of the thoracic spine into extension, performing exercises with the head and shoulders lifted.

When teaching clients the basic Lower Trapezius Activation exercises, ascertain which of the three positions they are best able to correctly activate these muscles. This will guide you as to which prone lying exercises to progress them onto first. They may be able to progress through the sequence that they find the easiest more quickly than the others. Here are some examples of which exercises to progress onto based on their proficiency in the Lower Trapezius Activation exercises.

Phase 1: Core Muscle Activation	Phase 2: Peripheral Muscle Activation	Phase 3: Functional Movement Patterns	Phase 4: Full Body Movement
Lower Trapezius Activation 1 (Arms Overhead) Swan Preparation	Swan	Freestyle Arms Swan Dive Preparation	Freestyle Swan Dive
Lower Trapezius Activation 2 (Arms and 90 Degrees) Breaststroke Arm Preparation 1 (Head Down) Swan Preparation	Breaststroke Arm Preparation 2 (Head up) Single Leg Kick Swan	Breaststroke Arms Swan Dive Preparation	Breaststroke
Lower Trapezius Activation 3 (Arms by Sides)	Flight 1 (Head Down)	Rocking Preparation	Rocking

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Flight 1 (Head Down) Swan Preparation	Flight 2 (Head Up) Single Leg Kick Swan	Double Leg Kick	

This manual gives you 4 neck pain specific programs. Program #1 is the easiest and each subsequent program progresses your clients through some slightly harder exercises as they develop strength.

Refer to the Table of Progression Sequences for more ideas and examples of programming.

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Neck Pain Program #1

Exercise Name	Course	Notes
Neck Stretch	Matwork	
SWAP SIDES	-	
Neck Stretch	Matwork	
Chest Stretch	Matwork	
SWAP SIDES	-	
Chest Stretch	Matwork	
Scapula Activation Exercise	Matwork Progressions	
Arm Preparation	Matwork	
Single Leg Circle	Matwork	
SWAP SIDES	-	
Single Leg Circle	Matwork	
Pendulum 1 (Tabletop)	Matwork	
Toe Taps	Matwork	
Deep Neck Flexor Activation	Matwork	
Abdominal Curl 2 (Tabletop)	Matwork	Cushion
Bicycle Legs	Matwork	Head down
Hundreds	Matwork	Head down
Lower Trap Activation 3 (Arms by Side)	Matwork	
Flight 1 (Head Down)	Matwork	
Swan Preparation	Matwork	
Clam Kickout 1 (Feet Down)	Matwork	
Rectangles	Matwork	
Bicycles	Matwork	
SWAP SIDES	-	
Clam Kickout 1 (Feet Down)	Matwork	
Rectangles	Matwork	
Bicycles	Matwork	
Pelvic Curl 1 (Rolling Up and Down)	Matwork	
Pelvic Curl 2 (Openings)	Matwork	
Serratus Anterior Activation Exercise	Matwork	
Plank 1 (On the Knees)	Matwork	
Armchair Stretch	Matwork	
Prayer Stretch	Matwork	

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Neck Pain Program #2

Exercise Name	Course	Notes
Neck Stretch	Matwork	
SWAP SIDES	-	
Neck Stretch	Matwork	
Lying Torso Stretch 1 (Arm Opening)	Matwork Progressions	
SWAP SIDES	-	
Lying Torso Stretch 1 (Arm Opening)	Matwork Progressions	
Scapula Activation Exercise	Matwork Progressions	
Double Leg Slides + Arm Preparation	Matwork Progressions	
Deep Neck Flexor Activation	Matwork	
Abdominal Curl 2 (Tabletop)	Matwork	Head up + cushion
Oblique Curl 2 (Tabletop)	Matwork	Head up + cushion
Hundreds Preparation	Matwork	Head up
Hundreds	Matwork	Head down
Pendulum 2 (One Leg Extending)	Matwork	
Half Rollback 1 (Arms in Front)	Matwork	Arms across chest
Half Rollback + Rotation	Matwork	Arms across chest
Lower Trap Activation 2 (Arms at 90)	Matwork	
Breaststroke Arm Prep 1 (Head Down)	Matwork	
Swan Preparation	Matwork	
Breaststroke Legs	Matwork	
Clam Kickout 3 (90 Degrees)	Matwork	
Straight Leg Raise	Matwork	
SWAP SIDES	-	
Clam Kickout 3 (90 Degrees)	Matwork	
Straight Leg Raise	Matwork	
Serratus Anterior Activation Exercise	Matwork	
Horsekick 1 (Bend and Extend)	Matwork	
Horsekick 2 (Pulses)	Matwork	
SWAP SIDES	-	
Horsekick 1 (Bend and Extend)	Matwork	
Horsekick 2 (Pulses)	Matwork	
Thread the Needle	Matwork Progressions	
SWAP SIDES	-	
Thread the Needle	Matwork Progressions	
Mermaid Stretch	Matwork	
SWAP SIDES	-	
Mermaid Stretch	Matwork	

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Neck Pain Program #3

Exercise Name	Course	Notes
Cat Stretch	Matwork Progressions	
Lying Torso Stretch 2 (Arm Circling)	Matwork Progressions	
SWAP SIDES	-	
Lying Torso Stretch 2 (Arm Circling)	Matwork Progressions	
Double Leg Slides + Arm Preparation	Matwork Progressions	
Full Hundreds Preparation	Matwork Progressions	
Hundreds	Matwork	Head up
Criss Cross	Matwork	
Pendulum 3 (Both Legs Extending)	Matwork Progressions	
Double Toe Taps	Matwork Progressions	
Bicycle (On the Elbows)	Matwork Progressions	
Beats (On the Elbows)	Matwork Progressions	
Teaser Preparation	Matwork Progressions	
Lower Trap Activation 1 (Arms Overhead)	Matwork	
Swan	Matwork Progressions	
Breaststroke Arm Prep 2 (Head Up)	Matwork	
Flight 2 (Head Up)	Matwork	
Grasshopper	Matwork Progressions	
Freestyle Legs	Matwork	
Horsekick 4 (Arm and Leg Lift)	Matwork Progressions	
Tricep Circles	Matwork	
Plank 2 (On the Feet)	Matwork	
Double Leg Lift 1 (Head Down)	Matwork	
Double Leg Lift 3 (Beats)	Matwork	
SWAP SIDES	-	
Double Leg Lift 1 (Head Down)	Matwork	
Double Leg Lift 3 (Beats)	Matwork	
Hinge 1 (Arms in Front)	Matwork	
Rolldown Stretch	Matwork	
Gluteal Stretch Supine	Matwork	
SWAP SIDES	-	
Gluteal Stretch Supine	Matwork	

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Neck Pain Program #4

Exercise Name	Course	Notes
Chest Stretch	Matwork	
SWAP SIDES	-	
Chest Stretch	Matwork	
Spine Stretch	Matwork Progressions	
Spine Twist	Matwork Progressions	
Double Leg Lowers	Matwork	Head down + cushion
Nutcracker 2 (Legs Extended)	Matwork	
Beats	Matwork	
Criss Cross + Scissors	Matwork Progressions	
Corkscrew Preparation	Matwork Progressions	
Half Rollback 2 (Arms Opening)	Matwork Progressions	
Make a Wish	Matwork Progressions	
Scissor (On the Elbows)	Matwork Progressions	
Helicopter (On the Elbows)	Matwork Progressions	
Teaser Preparation	Matwork Progressions	
Rocking Preparation	Matwork Progressions	
Single Leg Kick	Matwork Progressions	
Breaststroke Arms	Matwork	
Breaststroke Legs	Matwork	
Breaststroke	Matwork	
Clam Kickout 1 (On the Elbow)	Matwork Progressions	
Circles (On the Elbow)	Matwork Progressions	
Bicycles (On the Elbow)	Matwork Progressions	
SWAP SIDES	-	
Clam Kickout 1 (On the Elbow)	Matwork Progressions	
Circles (On the Elbow)	Matwork Progressions	
Bicycles (On the Elbow)	Matwork Progressions	
Pilates Push Ups 1 (On the Knees)	Matwork	
Neck Stretch	Matwork	
SWAP SIDES	-	
Neck Stretch	Matwork	
Mermaid Stretch + Lift	Matwork Progressions	
SWAP SIDES	-	
Mermaid Stretch + Lift	Matwork Progressions	

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General Programming Advice for Hip Pain

All clients with hip pain should start with exercises contained within phase 1 that are suitable for their individual injury. Some clients may need to stay in phase 1 for a long period of time to build up core muscle strength and activation while others may progress onto phase 2 more quickly.

Clients with hip pain generally tend to have weak abdominals, Gluteus Maximus, Gluteus Medius, Gluteus Minimus, Deep Hip Rotators and Iliacus. They often tend to have tight Quadriceps, Hip Flexors and Piriformis. They are often stiff through their hips and have decreased hip abduction and flexion range of movement. The program should focus on strengthening the weak muscles and stretching the tight ones.

Clients will usually start off performing abdominal exercises with their feet down and performing an Iliacus Activation Exercise is helpful prior to any exercises where the feet lift. Tabletop position requires strength in the Iliacus and for clients to be pain free with their hips at 90 degree flexion. Some clients may not be comfortable in this position, adding a cushion may help with this. The Half Rollback and Rollup exercises are a good alternative for clients who can't tolerate tabletop position as are Planks.

Initially, each client will differ in which hip movements cause them pain. Start off with Gluteal exercises in the hip range of movement which is most comfortable, then gradually work into the other ranges as strength and mobility improves. For example, some clients may feel pain with hip abduction, and are better at performing exercises in hip extension.

Initially, it is safest to perform Gluteal exercises in a non-weight bearing position (eg. side lying, supine or prone). Then progress to exercises which are in weightbearing or kneeling positions which are more functional. Clients may take a while to improve their buttock strength and may remain in phase 1 for abdominal or lower body exercises but be able to progress to the phase 2 upper body exercises sooner.

This manual gives you 3 hip pain specific programs. Program #1 is the easiest and each subsequent program progresses your clients through some slightly harder exercises as they develop strength.

Refer to the Table of Progression Sequences for more ideas and examples of programming.

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Hip Pain Program #1

Exercise Name	Course	Notes
Kneeling Hip Flexor Stretch	Matwork	
SWAP SIDES	-	
Kneeling Hip Flexor Stretch	Matwork	
Gluteal Stretch Supine	Matwork	
SWAP SIDES	-	
Gluteal Stretch Supine	Matwork	
Bent Knee Fallouts	Matwork	
Iliacus Activation Exercise	Matwork	
Lift Foot	Matwork	
Leg Slides	Matwork	
Abdominal Curl 1 (Feet Down)	Matwork	
Oblique Curl 1 (Feet Down)	Matwork	
Half Rollback 1 (Arms in Front)	Matwork Progressions	
Half Rollback 2 (Arms Opening)	Matwork Progressions	
Gluteus Maximus Activation Exercise	Matwork	
Pelvic Curl 1 (Rolling Up and Down)	Matwork	
Gluteus Medius Activation Exercise	Matwork	
Clam 1 (Feet Down)	Matwork	
Deep Hip Rotator Activation Exercise	Matwork	
Clam 3 (90 Degrees)	Matwork	
SWAP SIDES	-	
Gluteus Medius Activation Exercise	Matwork	
Clam 1 (Feet Down) or Clam 2 (Feet Up)	Matwork	
Deep Hip Rotator Activation Exercise	Matwork	
Clam 3 (90 Degrees)	Matwork	
Rocking Preparation	Matwork Progressions	
Single Leg Kick	Matwork Progressions	
Flight 2 (Head Up)	Matwork	
Plank 1 (On the Knees)	Matwork	
Pilates Push Ups 1 (On the Knees)	Matwork	
Gluteal Stretch Supine	Matwork	
SWAP SIDES	-	
Gluteal Stretch Supine	Matwork	

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Hip Pain Program #2

Exercise Name	Course	Notes
Kneeling Quad Stretch	Matwork	
SWAP SIDES	-	
Kneeling Quad Stretch	Matwork	
Gluteal Stretch Supine	Matwork	
SWAP SIDES	-	
Gluteal Stretch Supine	Matwork	
Iliacus Activation Exercise	Matwork	
Lift Foot	Matwork	
Lift and Extend	Matwork	
Abdominal Curl 2 (Tabletop)	Matwork	
Oblique Curl 2 (Tabletop)	Matwork	
Hundreds Preparation	Matwork	
Hundreds	Matwork	
Half Rollback + Rotation	Matwork Progressions	
Make a Wish	Matwork Progressions	
Pelvic Curl 1 (Rolling Up and Down)	Matwork	
Pelvic Curl 2 (Openings)	Matwork	
Clam Kickout 1 (Feet Down) or Clam Kickout 2 (Feet Up)	Matwork	
Clam Kickout 3 (90 Degrees)	Matwork	
Circles	Matwork	
SWAP SIDES	-	
Clam Kickout 1 (Feet Down) or Clam Kickout 2 (Feet Up)	Matwork	
Clam Kickout 3 (90 Degrees)	Matwork	
Circles	Matwork	
Horsekick 1 (Bend and Extend)	Matwork	
Horsekick 2 (Pulses)	Matwork	
SWAP SIDES	-	
Horsekick 1 (Bend and Extend)	Matwork	
Horsekick 2 (Pulses)	Matwork	
Plank 2 (On the Feet)	Matwork	
Pilates Push Ups 2 (On the Feet)	Matwork	
Hamstring Stretch	Matwork	
SWAP SIDES	-	
Hamstring Stretch	Matwork	

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Hip Pain Program #3

Exercise Name	Course	Notes
Kneeling Hip Flexor Stretch + Arm Overhead	Matwork Progressions	
SWAP SIDES	-	
Kneeling Hip Flexor Stretch + Arm Overhead	Matwork Progressions	
Hamstring Stretch	Matwork	
SWAP SIDES	-	
Hamstring Stretch	Matwork	
Iliacus Activation Exercise	Matwork	
Lift Foot	Matwork	
Single Leg Circle	Matwork	
SWAP SIDES	-	
Single Leg Circle	Matwork	
Double Leg Slides + Arm Preparation	Matwork Progressions	
Nutcracker 1 (Tabletop)	Matwork	
Bicycle Legs	Matwork	
Hundreds	Matwork	
Double Leg Stretch	Matwork Progressions	
Rollup	Matwork Progressions	
Rollup + Hamstring Stretch	Matwork Progressions	
Teaser Preparation	Matwork Progressions	
Clam Kickout 1 (Feet Down) or Clam Kickout 2 (Feet Up)	Matwork	
Straight Leg Raise	Matwork	
Bicycles	Matwork	
SWAP SIDES	-	
Clam Kickout 1 (Feet Down) or Clam Kickout 2 (Feet Up)	Matwork	
Straight Leg Raise	Matwork	
Bicycles	Matwork	
Rocking Preparation	Matwork Progressions	
Grasshopper	Matwork Progressions	
Breaststroke Legs	Matwork	
Breaststroke Arms	Matwork	
Breaststroke	Matwork	
Mermaid Stretch + Lift	Matwork Progressions	
SWAP SIDES	-	
Mermaid Stretch + Lift	Matwork Progressions	
Gluteal Stretch Supine	Matwork	
SWAP SIDES	-	
Gluteal Stretch Supine	Matwork	

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General Programming Advice for Shoulder Pain

All clients with shoulder pain should start with exercises contained within phase 1 that are suitable for their individual injury. Some clients may need to stay in phase 1 for a long period of time to build up shoulder muscle strength and activation while others may progress onto phase 2 more quickly.

Clients with shoulder pain tend to be weakest in their shoulder blade, shoulder and upper back muscles. These muscles often need to be retrained and strengthened from quite a weakened state, and basic activation exercises are essential. As such, the client may remain in phase 1 for shoulder blade, upper back or upper body exercises but be able to progress to the phase 2 abdominal and lower body exercises sooner.

Depending on the type of shoulder injury and the severity, clients may be quite limited in their pain free shoulder range of movement. Clients will usually need to start performing prone shoulder blade exercises with their arms by their sides as this is usually the most comfortable position. As they gain shoulder strength and mobility and pain subsides, they can progress to performing the prone shoulder blade exercises with their arms at 90 degrees, and lastly overhead. This is a general guide only, as you may find that some clients are actually more comfortable with their arms up rather than by their sides.

Clients with shoulder pain generally tend to have weak Lower Trapezius, Serratus Anterior, Rotator Cuff and Thoracic Erector Spinae. They often tend to have tight Pectoral and Latissimus Dorsi muscles, and are also often stiff through their upper back and have decreased thoracic extension. The program should focus on strengthening the weak muscles and stretching the tight ones as well as improving upper back extension and shoulder mobility.

Stretching the tight muscles and working on improving shoulder mobility may not always be possible when a client has a severe shoulder injury. Make sure that when performing shoulder or upper body stretches that there is no pain in the actual shoulder joint, it is just the muscles stretching. If pain is felt with any of the stretches, omit them and try them again in the later phases.

It is best to start with upper body exercises that are non-weightbearing and progress to weight bearing exercises as the shoulder stability improves. Ensure the client has good Serratus Anterior activation before performing weight bearing exercises such as Pilates Push Ups.

This manual gives you 3 shoulder pain specific programs. Program #1 is the easiest and each subsequent program progresses your clients through some slightly harder exercises as they develop strength.

Refer to the Table of Progression Sequences for more ideas and examples of programming.

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Shoulder Pain Program #1

Exercise Name	Course	Notes
Chest Stretch	Matwork	
SWAP SIDES	-	
Chest Stretch	Matwork	
Hamstring Stretch	Matwork	
SWAP SIDES	-	
Hamstring Stretch	Matwork	
Single Leg Circle	Matwork	
SWAP SIDES	-	
Single Leg Circle	Matwork	
Corkscrew Preparation	Matwork Progressions	Level 1 with knees bent
Toe Taps	Matwork	
Abdominal Curl 2 (Tabletop)	Matwork	Arms by sides
Bicycle Legs	Matwork	Arms by sides
Beats	Matwork	
Half Rollback 1 (Arms in Front)	Matwork Progressions	Arms across chest
Half Rollback + Rotation	Matwork Progressions	Arms across chest
Lower Trap Activation 3 (Arms by Side)	Matwork	
Swan Preparation	Matwork	
Flight 1 (Head Down)	Matwork	
Flight 2 (Head Up)	Matwork	
Single Leg Kick	Matwork Progressions	Head down
Pelvic Curl 1 (Rolling Up and Down)	Matwork	
Pelvic Curl 2 (Openings)	Matwork	
Hinge 1 (Arms in Front)	Matwork	Arms across chest
Serratus Anterior Activation Exercise	Matwork	
Kneeling Sidekick 1 (Up and Down)	Matwork	Standing
Kneeling Sidekick 2 (Side to Side)	Matwork	Standing
SWAP SIDES	-	
Kneeling Sidekick 1 (Up and Down)	Matwork	Standing
Kneeling Sidekick 2 (Side to Side)	Matwork	Standing
Rolldown Stretch	Matwork	
Kneeling Hip Flexor Stretch	Matwork	
SWAP SIDES	-	
Kneeling Hip Flexor Stretch	Matwork	

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Shoulder Pain Program #2

Exercise Name	Course	Notes
Chest Stretch	Matwork	
SWAP SIDES	-	
Chest Stretch	Matwork	
Prayer Stretch	Matwork	
Arm Preparation	Matwork	
Hundreds Preparation	Matwork	
Hundreds	Matwork	
Scissors	Matwork Progressions	
Half Rollback 1 (Arms in Front)	Matwork Progressions	
Half Rollback + Rotation	Matwork Progressions	
Rolling Like a Ball	Matwork Progressions	
Lower Trap Activation 2 (Arms at 90)	Matwork	
Swan Preparation	Matwork	
Breaststroke Arm Prep 1 (Head Down)	Matwork	
Breaststroke Arm Prep 2 (Head Up)	Matwork	
Flight 2 (Head Up)	Matwork	
Breaststroke Legs	Matwork	
Grasshopper	Matwork Progressions	
Side Kick	Matwork Progressions	
Side Kick Front	Matwork Progressions	
Zig Zag	Matwork Progressions	
SWAP SIDES	-	
Side Kick	Matwork Progressions	
Side Kick Front	Matwork Progressions	
Zig Zag	Matwork Progressions	
Pelvic Curl 2 (Openings)	Matwork	
Pelvic Curl 3 (Single Leg Lift)	Matwork	
Hinge 1 (Arms in Front)	Matwork	
Serratus Anterior Activation Exercise	Matwork	
Plank 1 (On the Knees)	Matwork	
Neck Stretch	Matwork	
SWAP SIDES	-	
Neck Stretch	Matwork	

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Shoulder Pain Program #3

Exercise Name	Course	Notes
Mermaid Stretch	Matwork	
SWAP SIDES	-	
Mermaid Stretch	Matwork	
Gluteal Stretch Supine	Matwork	
SWAP SIDES	-	
Gluteal Stretch Supine	Matwork	
Scapula Activation Exercise	Matwork Progressions	
Double Leg Slides + Arm Preparation	Matwork Progressions	
Full Hundreds Preparation	Matwork Progressions	
Hundreds	Matwork	
Double Leg Lowers	Matwork Progressions	
Helicopters	Matwork Progressions	
Double Toe Taps	Matwork Progressions	
Rollup	Matwork Progressions	
Teaser	Matwork Progressions	
Lower Trap Activation 1 (Arms Overhead)	Matwork	
Swan	Matwork Progressions	
Flight 2 (Head Up)	Matwork	
Breaststroke Arms	Matwork	
Breaststroke	Matwork	
Serratus Anterior Activation Exercise	Matwork	
Horsekick 2 (Pulses)	Matwork	
Horsekick 3 (Sidekick)	Matwork	
SWAP SIDES	-	
Horsekick 2 (Pulses)	Matwork	
Horsekick 3 (Sidekick)	Matwork	
Horsekick 4 (Arm and Leg Lift)	Matwork Progressions	
Pilates Push Ups 1 (On the Knees)	Matwork	
Hinge 2 (Arms Opening)	Matwork	
Thread the Needle	Matwork	
SWAP SIDES	-	
Thread the Needle	Matwork	
Armchair Stretch	Matwork	

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General Programming Advice for Knee Pain

All clients with knee pain should start with exercises contained within phase 1 that are suitable for their individual injury. There are many different causes of knee pain, and each client will have different limitations that prohibit them from performing certain exercises. For example, some clients will have pain on bending their knee and will be unable to perform exercises in which the knee bends and straightens eg. Leg Slides or tabletop position, but they may be quite strong and able to perform an exercise such as Rollup. Other clients may be able to bend their knee without pain, but have difficulty kneeling. For this reason, you may find that clients don't progress through the phases in a linear fashion.

Whilst you should use the progressions table as a guide, bear in mind that clients with knee pain may be able to progress to performing some specific more advanced exercises but may always be limited in other easier exercises because of the position that the knee is placed in. Programming for clients for knee pain involves working around the individual client's limitations as well as trying to strengthen the muscles which help to support the knee.

Clients with knee pain generally tend to have weak Gluteus Medius, Gluteus Maximus, Deep Hip Rotators, Quadriceps (VMO) and abdominal muscles. They often tend to have tight TFL, Lateral Quadriceps, Hip Flexors and Piriformis. The program should focus on strengthening the weak muscles and stretching the tight ones and improving pelvic stability.

Stretching the Quadriceps and Hip Flexors may not be possible for some clients with knee pain - if pain is felt with any of the stretches, omit them and try them again in the later phases.

This manual gives you 3 knee pain specific programs. Program #1 is the easiest and each subsequent program progresses your clients through some slightly harder exercises as they develop strength.

Refer to the Table of Progression Sequences for more ideas and examples of programming.

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Knee Pain Program #1

Exercise Name	Course	Notes
Hamstring Stretch	Matwork	
SWAP SIDES	-	
Hamstring Stretch	Matwork	
Gluteal Stretch Supine	Matwork	
SWAP SIDES	-	
Gluteal Stretch Supine	Matwork	
Lift Foot	Matwork	
Arm Preparation	Matwork	
Abdominal Curl 2 (Tabletop)	Matwork	
Oblique Curl 2 (Tabletop)	Matwork	
Pendulum 1 (Tabletop Position)	Matwork	
Nutcracker 1 (Tabletop)	Matwork	
Hundreds	Matwork	Level 1 in tabletop
Half Rollback 1 (Arms in Front)	Matwork Progressions	
Half Rollback 2 (Arms Opening)	Matwork Progressions	
Gluteus Maximus Activation Exercise	Matwork	
Clam 1 (Feet Down)	Matwork	
Clam 3 (90 Degrees)	Matwork	
Circles	Matwork	
Rectangles	Matwork	
SWAP SIDES	-	
Clam 1 (Feet Down)	Matwork	
Clam 3 (90 Degrees)	Matwork	
Circles	Matwork	
Rectangles	Matwork	
Flight 2 (Head Up)	Matwork	
Breaststroke Arm Prep 2 (Head Up)	Matwork	
Breaststroke Arms	Matwork	
Controls Front 1 (Pikes)	Matwork Progressions	
Plank 2 (On the Feet)	Matwork	
Spine Twist	Matwork Progressions	
Rolldown Stretch	Matwork	

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Knee Pain Program #2

Exercise Name	Course	Notes
Kneeling Hip Flexor Stretch	Matwork Progressions	Standing
SWAP SIDES	-	
Kneeling Hip Flexor Stretch	Matwork Progressions	Standing
Corkscrew Preparation	Matwork Progressions	
Toe Taps	Matwork	
Hundreds	Matwork	Level 2 with legs extended
Double Leg Stretch	Matwork Progressions	
Scissors (On the Elbows)	Matwork Progressions	
Beats (On the Elbows)	Matwork Progressions	
Half Rollback + Rotation	Matwork Progressions	
Make a Wish	Matwork Progressions	
Teaser Preparation	Matwork Progressions	Level 1 with bent knees
Rolling Like a Ball	Matwork Progressions	
Clam Kickout 1 (Feet Down)	Matwork	
Clam Kickout 3 (90 Degrees)	Matwork	
Straight Leg Raise	Matwork	
Hot Potato	Matwork	
SWAP SIDES	-	
Clam Kickout 1 (Feet Down)	Matwork	
Clam Kickout 3 (90 Degrees)	Matwork	
Straight Leg Raise	Matwork	
Hot Potato	Matwork	
Gluteus Maximus Activation Exercise	Matwork	
Pelvic Curl 1 (Rolling Up and Down)	Matwork	
Freestyle Arms	Matwork	
Freestyle Legs	Matwork	
Freestyle	Matwork	
Rolldown into Plank	Matwork Progressions	
Pilates Push Ups 2 (On the Feet)	Matwork	
Gluteal Stretch Supine	Matwork	
SWAP SIDES	-	
Gluteal Stretch Supine	Matwork	

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Knee Pain Program #3

Exercise Name	Course	Notes
Kneeling Hip Flexor Stretch + Arm Overhead	Matwork Progressions	Standing
SWAP SIDES	-	
Kneeling Hip Flexor Stretch + Arm Overhead	Matwork Progressions	Standing
Spine Stretch	Matwork Progressions	
Single Straight Leg Stretch	Matwork	
Pendulum 4 (Legs Straight)	Matwork Progressions	
Double Toe Taps	Matwork Progressions	
Scissors	Matwork Progressions	
Criss Cross + Scissors	Matwork Progressions	
Double Leg Lowers	Matwork Progressions	
Rollup	Matwork Progressions	
Rollup + Hamstring Stretch	Matwork Progressions	
Teaser	Matwork Progressions	Level 1 with bent knees
Clam Kickout 1 (On the Elbow)	Matwork Progressions	
Circles (On the Elbow)	Matwork Progressions	
SWAP SIDES	-	
Clam Kickout 1 (On the Elbow)	Matwork Progressions	
Circles (On the Elbow)	Matwork Progressions	
Horsekick 1 (Bend and Extend)	Matwork	
Horsekick 2 (Pulses)	Matwork	
SWAP SIDES	-	
Horsekick 1 (Bend and Extend)	Matwork	
Horsekick 2 (Pulses)	Matwork	
Pelvic Curl 1 (Rolling Up and Down)	Matwork	
Pelvic Curl 2 (Openings)	Matwork	
Single Leg Kick	Matwork Progressions	
Double Leg Kick	Matwork Progressions	
Grasshopper	Matwork Progressions	
Gluteal Stretch Supine	Matwork	
SWAP SIDES	-	
Gluteal Stretch Supine	Matwork	
Saw	Matwork Progressions	

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General Programming Advice for Advanced Programs

The following two programs contain advanced matwork exercises. Clients completing these programs should have previously performed all the prerequisite exercises.

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Advanced Program #1

This is a 1 hour all over body workout using the Advanced Matwork repertoire mixed with some exercises from the Matwork and Matwork Progressions Courses.

Exercise Name	Course	Notes
Spine Twist	Matwork Progressions	
Saw	Matwork Progressions	
Pendulum 1 (Tabletop)	Matwork	
Pendulum 3 (Both Legs Extending)	Matwork Progressions	
Can Can 1 (Knees Bent)	Matwork Progressions	
Can Can 2 (Legs Extending)	Matwork Progressions	
Rollover	Matwork Progressions	
Boomerang	Matwork Progressions	
Corkscrew Preparation	Matwork Progressions	
Corkscrew	Matwork Progressions	
Swan Dive Preparation	Matwork Progressions	
Swan Dive	Matwork Progressions	
Freestyle	Matwork	
Zig Zag (On the Elbow)	Matwork Progressions	
Bicycles (On the Elbow)	Matwork Progressions	
Kneeling Sidekick 1 (Up and Down)	Matwork	
Kneeling Sidekick 2 (Side to Side)	Matwork	
SWAP SIDES	-	
Zig Zag (On the Elbow)	Matwork Progressions	
Bicycles (On the Elbow)	Matwork Progressions	
Kneeling Sidekick 1 (Up and Down)	Matwork	
Kneeling Sidekick 2 (Side to Side)	Matwork	
Star 2 (On the Feet)	Matwork Progressions	
Star 3 (Twist)	Matwork Progressions	
SWAP SIDES	-	
Star 2 (On the Feet)	Matwork Progressions	
Star 3 (Twist)	Matwork Progressions	
Mermaid Extension	Matwork Progressions	
SWAP SIDES	-	
Mermaid Extension	Matwork Progressions	
Spiral Stretch	Matwork	
SWAP SIDES	-	
Spiral Stretch	Matwork	

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Advanced Program #2

This is a 1 hour all over body workout using the Advanced Matwork repertoire mixed with some exercises from the Matwork and Matwork Progressions Courses.

Exercise Name	Course	Notes
Rolldown into Plank	Matwork Progressions	
Rollup	Matwork Progressions	
Neck Pull	Matwork Progressions	
Seal	Matwork Progressions	
Open Leg Rocker Preparation	Matwork Progressions	
Open Leg Rocker	Matwork Progressions	
Full Teaser	Matwork Progressions	
Jacknife	Matwork Progressions	
High Scissor	Matwork Progressions	
High Bicycle	Matwork Progressions	
Rocking Preparation	Matwork Progressions	
Rocking	Matwork Progressions	
Breaststroke	Matwork	
Grasshopper	Matwork Progressions	
Pelvic Curl 2 (Openings)	Matwork	
Pelvic Curl 3 (Single Leg Lift)	Matwork	
Controls Back 1 (Pelvic Lift)	Matwork Progressions	
Controls Back 2 (Leg Lift)	Matwork Progressions	
Plank 2 (On the Feet)	Matwork	
Controls Front 2 (Leg Lift)	Matwork Progressions	
Double Leg Lift 2 (Head Up)	Matwork	
Double Leg Lift 3 (Beats)	Matwork	
SWAP SIDES	-	
Double Leg Lift 2 (Head Up)	Matwork	
Double Leg Lift 3 (Beats)	Matwork	
Star 3 (Twist)	Matwork Progressions	
SWAP SIDES	-	
Star 3 (Twist)	Matwork Progressions	
Lying Torso Stretch 2 (Arm Circling)	Matwork Progressions	
SWAP SIDES	-	
Lying Torso Stretch 2 (Arm Circling)	Matwork Progressions	

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Practise Programming a Class #1: Matwork Progressions Class

Use the section below to practise writing your own class choreography. For this practise, try programming a matwork class only using exercises from this course. Please note, times are based on a 1 hour class.

	Exercise Name	Duration	Notes
STRETCHES (3 minutes as clients are arriving)			
MATWORK CLASS PREAMBLE (4 ½ minutes)	Class Preamble and Pilates Basics	4 ½ minutes	
ABDOMINALS (15 minutes)			
GLUTEALS (12 minutes)			
SIDES, LEGS OR INNER THIGHS (10 minutes)			

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BACK, SHOULDER BLADES OR ARMS (10 minutes)			
STRETCHES (5 ½ minutes)			
Total Class Time =			

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Practise Programming a Class #2: Matwork and Matwork Progressions Class

Use the section below to practise writing your own class choreography. For this practise, try programming a fusion matwork and matwork progressions class. Please note, times are based on a 1 hour class.

	Exercise Name	Duration	Notes
STRETCHES (as clients are arriving)			
MATWORK CLASS PREAMBLE	Class Preamble and Pilates Basics		
ABDOMINALS			
BACK, SHOULDER BLADES OR ARMS			
STRETCHES			
GLUTEALS			

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STRETCHES			
SIDES, LEGS OR INNER THIGHS			
STRETCHES			
Total Class Time =			

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Programming Scenarios

Scenario #1	
Description of Client	Outcomes
• 40 year old mother (3 children) • Has a lordosis • Has mild lower back pain • Is generally fit and goes to the gym a lot • Gets sore wrists with a lot of weight bearing and would like to improve this • Is in Phase 2-3	• Increase abdominal strength to support the lower back • Increase lumbar flexion • Loosen the Hip Flexors • Strengthen the wrists 

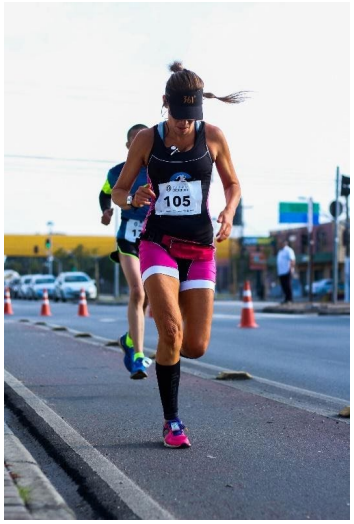
Scenario #2	
Description of Client	Outcomes
• 30 year old hairdresser • As her own business so works long hours cutting and blow-drying hair as well as computer work • Poor posture and associated stiff upper back, neck and shoulders • Is in Phase 2-3	• Improve posture and upper back strength • Loosen the Pecs and Lats, neck and upper back • Increase Thoracic extension and rotation • Improve shoulder strength and Scapula stability with the arms in various ranges 

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Scenario #3	
Description of Client	Outcomes
• Teenage dancer - female in her late teens who does ballet at a high level • Looking to increase strength and control and flexibility through spinal range • Would like to increase her hip turnout • Is in Phase 4	• Strengthen the Gluteals, particularly into external rotation to improve hip turnout • Improve spinal and full body flexibility and control throughout these extreme ranges of motion • Include exercises through all ranges of spinal motion including flexion, extension, lateral flexion and rotation • Note that you may need more exercises as some of these harder exercises you don't perform as many repetitions 

Scenario #4	
Description of Client	Outcomes
• 20 year old male swimmer • Swims 10 sessions a week, plus gym, is a Freestyler • Weak Gluteals and abdominals • Tight Pectoralis Major and Latissimus Dorsi • Is in Phase 3	• Improve abdominals in a lengthened position with arms and legs extended out • Be able to quickly move from this extended position and use the abdominals to flex the spine like you do with tumble turns • Strengthen the Gluteals, particularly into hip extension • Improve Scapula stability through all ranges of shoulder movement • Increase Thoracic extension 

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Scenario #5	
Description of Client	Outcomes
• Training for a full marathon, has run a half marathon previously • Attends Pilates regularly • Has a mild Lordosis, tight Hip Flexors and Quadriceps from running • Weak Gluteal muscles and has started getting mild knee pain from increasing her running training, made worse by kneeling • Is in Phase 2-3	• Strengthen the Gluteals, particularly into hip extension • Loosen the Hip Flexors, TFL and ITB • Strengthen the Iliacus muscles • Strengthen the abdominals with the feet down eg. Rollup 

Scenario #6	
Description of Client	Outcomes
• Works long hours, is a surgeon • Athletic and attends Pilates regularly • Flatback posture, tight Hamstrings and Calves, weak Gluteals • Is in Phase 2-3	• Increase flexibility in the Hamstrings • Increase spinal rotation flexibility • Strengthen the abdominals, particularly in flexion and rotation, and the Gluteals • Improve shoulder strength and stability • Increase golf performance 

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