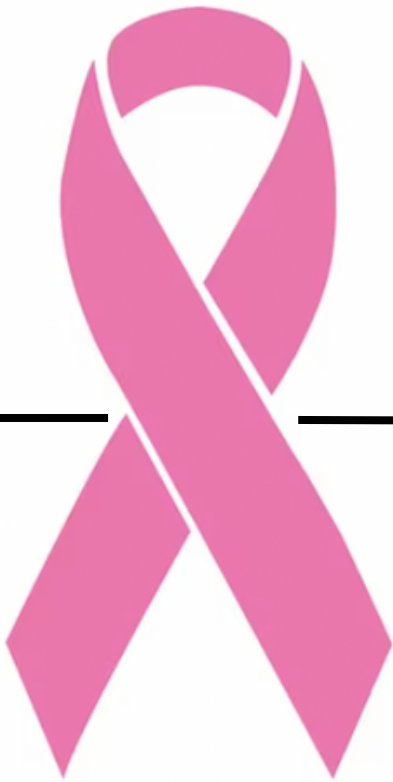


# THE PILATES JOURNAL



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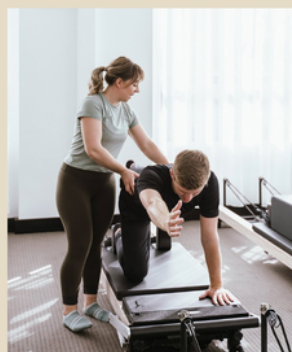
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# Contents

## 2

### EDITOR'S NOTE

Welcome to another edition of the Pilates Journal.

## 8

### BREAST CANCER AND PILATES REHABILITATION

Understand more about the different stages of Breast Cancer and how we support our clients

## 11

### DEALING WITH A BREAST CANCER DIAGNOSIS

US Pilates teacher Mariska Breland shares the highs and lows of her recent Breast Cancer journey.

## 14

### DISCOVER A HOLISTIC APPROACH POST-CANCER

Hear how a Pilates teacher turned Occupational Therapist helps women with Lymphodema.

## 17

### THE FIGHTING BACK TECHNIQUE

Gain insight from US Pilates and Barre teacher Shelly Knight and her approach to Stage 0 Breast Cancer.

## 19

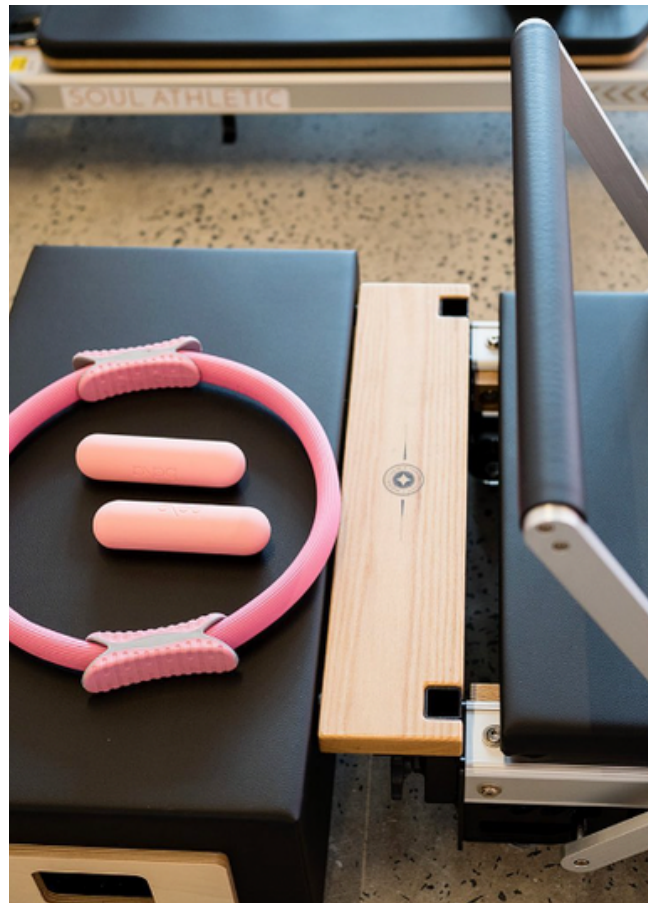
### THE DIETARY NEEDS OF BREAST CANCER PATIENTS

Learn how diet and exercise play a major role in helping with Breast Cancer recovery.

## 22

### GET A CARDIO BURST WITH FIT SPRINGS

Give your clients a more cardio focused, balance challenged workout that works the whole body.



The Pilates Journal would like to acknowledge and pay respects to the Gadigal people of the EORA nation as the traditional custodians of the place we call home - Sydney - where this journal is produced.

The Pilates Journal pays respects to their elders, past, present and emerging, and acknowledges all Aboriginal and Torres Strait Islander peoples.

# Contents

## 24 LETS REMEMBER TO TREAT EVERY CLIENT DIFFERENTLY

The lessons learned from working with Breast Cancer survivors can make you into an even better teacher

## 25 THE FIT SIDE OF BREAST CANCER

open your mind and indulge yourself in the flip or fit side of Breast Cancer.

## 27 INSTRUCTOR SPOTLIGHT: JOANNA LESEH

We speak with Pilates Instructor Joanne Leseh about her Pilates career to date and her teaching focus.

## 29 WHEN HORSERIDING AND PILATES JOIN FORCES

Pilates has been an integral part of Bridget's riding career to date and part of her regime going forward.



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# Note from the Editor



## *Welcome to the latest issue of The Pilates Journal.*

October is Breast Cancer Awareness month. The disease impacts so many, from mums to sisters, daughters, close friends and also men.

It's a good reminder that even when life gets busy, it's never too busy to go and get yourself checked and to encourage those around you to do the same.

As Pilates practitioners we have a unique relationship with our clients where perhaps they feel more comfortable discussing these things with you than with their nearest and dearest, so let's honour them and give them the support they need, in whatever form that takes.

This month we hear from a range of Pilates professionals who have either experienced it firsthand or have worked closely with clients going through Breast Cancer at all stages. It has been our honour to share your stories. You can donate [here](#).

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### On the Cover

Breast Cancer Awareness ribbon



# Breast Cancer and Pilates rehabilitation choices

UNDERSTAND MORE ABOUT THE DIFFERENT STAGES OF BREAST CANCER AND CHEMO TREATMENT AND HOW WE CAN SUPPORT AS PILATES PROFESSIONALS.

by Jen Guest



To date in 2023, there have been 20,600 new cases of Breast Cancer recorded in Australia (20,395 females and 205 males). The average age of diagnosis is 62 years old, with one in eight being diagnosed before the age of 85 years old.

The incidence of Breast Cancer is increasing, due to accurate diagnosis with improved screening and hormonal factors which I will elaborate on below. But pleasingly, the mortality rates are reducing as early detection and treatment options are improving.

Let us look at the hormonal factors. The more oestrogen in your body, the higher the risk of developing breast cancer. If you start menstruation prior to 12 years old and do not move through menopause until post 55 years old, you are at higher risk. Those women who have never had a pregnancy also present as a higher risk. 75 per cent of breast cancer is in the ages 50 years plus and those most at risk are women who are post-menopausal.

There is one genetic factor for Breast Cancer. The BRCA 1 and BRCA2 gene predispose a person to Breast Cancer. If there are changes to these genes, cancer cells will proliferate.

Breast Cancer is categorised into stages.

Stage One – pre invasive Breast Cancer where abnormal cells are contained inside the milk duct / labule.

Stage Two – Early-stage Breast Cancer where invasive abnormal cells located in the milk duct and labule invade into surrounding tissues. These cells may or may not spread to the lymph nodes of the axilla.

Stage Three – large abnormal cell clusters greater than 5cm spreading to the lymph nodes of the axilla and surrounding tissue.

Stage Four – advanced stage metastatic cancer spreading beyond the breast to bones, liver, lungs, or brain.

Stage one is treated with small, localised surgery and monitoring. Stages two and three are treated with surgery and radiotherapy. According to the Memorial Sloan Kettering Cancer Centre, the survival rates are listed as Stage 1 = 99%, Stage two = 86%, Stage 3 = 30%.

Let's look at the several types of Breast Cancer treatment. In the case of a small bundle of contained abnormal cells, a lumpectomy (breast-conserving surgery) is performed with annual bilateral mammograms to monitor. The addition of chemotherapy is dependent on any comorbidities and degree of frailty. Any female greater than 50 years and at higher risk (for example, early onset menstruation, no pregnancies and not yet reached menopause) are advised to have an annual bilateral Breast MRI. Those with the



BRCA gene may consider removal of both breasts and a hysterectomy to prevent abnormal cell production.

A mastectomy is the removal of the whole breast including breast tissue, milk ducts, skin and nipple. Sometimes the axilla lymph nodes are removed also. The surgery will take approximately four hours with a six-week recovery plan. A Radical Mastectomy includes the removal of the breast as well as the chest wall muscles beneath. Chemotherapy is often used in conjunction, to reduce the size of the tumours.

Side effects of a mastectomy include,

- Neural pins and needles across the surgical site
- Axilla numbness with nerve damage during removal of lymph nodes
- Shoulder joint stiffness especially if Latissimus Dorsi skin flap used in reconstruction
- Cording -> tight cord of scar tissue from the axilla along the side of the chest wall
- Intercostal pain
- Effects of poor basal / lung expansion
- Swelling around the armpit (Seroma)
- Lymphoedema in the surgical side arm
- Changes in balance distribution, particularly if large breasts
- Depression around body image
- Anxiety around fear of the return of cancer.

Chemotherapy is the systemic administration of chemotherapeutic agents (anti-cancer drugs). In the case of breast cancer, the medications specifically target and inhibit the growth-promoting signals from oestrogen. This therapy is systemic, meaning that it is introduced to the bloodstream and therefore targets cancer at any anatomical location in the body. This allows the targeting of those cancerous cells that escape through the bloodstream and do not show up on scans. Chemotherapy is delivered in an outpatient scenario over a one to six-hour timeframe over three to six months. Common side effects include nausea and vomiting, hair loss, fatigue, diarrhoea or constipation, weight loss, mouth ulcers and infections, skin and nail changes and menopausal symptoms (which may be temporary or permanent).

Radiotherapy is used for all stages of Breast Cancer and is recommended for lumpectomy. It is a localised treatment where radiation is targeted to damage or kill the cancerous cells. It is delivered daily over a three to six week period. It can be given from a source outside the body or through a sealed device inserted into the body. Common side effects include itchy burnt skin at the site of the radiotherapy, brachial plexopathy and in extreme cases, pulmonary fibrosis (lung tissue scarring).

Breast reconstruction is common post-surgery. The surgery may be performed at the time of the mastectomy / radical mastectomy or later. The breast can be reformed by using prosthetic implants or skin and muscular flaps from the Latissimus Dorsi muscle or the Transcutaneous Rectus Abdominus.

Any person going through Breast Cancer and its forms of treatment, are encouraged to,

- Stay strong
- Keep moving
- Relax the mind and body
- Follow good nutrition

When we look at Joseph's three guiding principles of breath, whole-body health and whole-body commitment, we can relate these to the treatment care plan of the breast cancer client.

***“When we look at Joseph’s three guiding principles of breath, whole-body health and whole-body commitment, we can relate these to the treatment care plan of the breast cancer client.”***

Pilates is an exercise method that can be utilised from the preliminary stages of cancer treatment focusing on breath, ribcage mobility, thoracic mobility, and shoulder joint organisation. Post-surgery, the reconnection of the cylinder of support, mobility of thoracic cage and thoracic spine and breath is imperative. Initially working on fundamentals to assist in regaining shoulder joint range of movement, shoulder girdle function and postural strength and endurance, skeletal stability, then progressing to whole body extensor strength.

Breast reconstruction involving the Rectus Abdominus will require specific re-education of the Transversus Abdominus, lengthening for the iliopsoas and dissociation of the pelvic-hip complex. Reconstruction involving Latissimus Dorsi will warrant specific extensor strengthening and shoulder organisation.

The Pilates Method allows for slow and controlled return to exercise respecting fatigue and changes in body proportions. The mindfulness of our exercise method allows focus on self, rejuvenation and reduction in depression and anxiety.

We may need to refer outside our scope of practice to soft tissue release, scar tissue release or shoulder joint of cervico-thoracic adjustments. Any client with Lymphoedema will consult a lymphoedema specialist and may need to wear their pressure garment whilst in the studio.

For those who beat Cancer can seize their new lease on life to better health and wellbeing by continuing with regular Pilates sessions.

**Jennifer Guest is a Senior Educator Polestar Pilates Australasia and Senior Physiotherapist [Smart Health](#), South Australia.**



# Dealing with a Breast Cancer Diagnosis

MARISKA SHARES HER RECENT BREAST CANCER JOURNEY, WHAT SHE'S LEARNT FROM IT, THE HIGHS AND LOWS AND HOW WE BEST SUPPORT OUR CLIENTS TOO.

by Mariska Breland

I was dealing with a very frustrating shoulder injury – a rotator cuff tear, labral tear and bone marrow edema and had been through a couple of months of physical therapy (PT) without improvement. I couldn't really lie down on my left side, and at one point when I was trying to get comfortable in bed, I felt a slight pain in my left breast that felt like I had been scratched. I have some exuberant dogs, so I figured one had scratched me when jumping on me. I didn't see anything. A couple of days later, I saw a slightly raised bit of tissue near my left nipple. When pushing on it, it felt firm. When I got my very first breast exam as a teenager, I remember my doctor said "if a lump feels like a grape, it's probably fine. If it feels like a frozen pea, you need to get it checked out." It felt like a tiny frozen pea so I knew I had to get this looked at.

My mother died from a brain tumour. My mentor died from cancer. My mother-in-law had just been diagnosed with cancer. I am absolutely cancer-phobic. I get all the checkups when they're advised. I looked through the internet to try to find my situation and match it to breast cancer, or something else. It definitely wasn't textbook. But I knew it wasn't right.

I made an appointment with my gynaecologist, who said she didn't think it was anything to worry about and certainly not breast

cancer, but she referred me to get a diagnostic mammogram and ultrasound. It took several weeks to get in. The mammogram and ultrasound didn't show anything. The radiologist said he didn't think it was cancer - that it looked more like a skin lesion, and recommended I just go to a dermatologist. I made an appointment as soon as I could, got a biopsy, and got the results about two and a half weeks later.

I was in my studio doing my shoulder PT exercises. I had on my list to call the dermatologist to follow up again on results that had been delayed. She called almost at the exact time I had the reminder set to call her. She read through the diagnosis - invasive ductal carcinoma, grade 2, and she kept talking. I didn't really hear the rest. I ended up calling back a couple of hours later asking the office to email me the report.

I told the dermatologist that I didn't know what I was supposed to do next. Did I need an oncologist first? Who did I need to see, and could they recommend someone?

So as appointments started to fall into place to deal with this I started to write down what was happening, and when, because it always felt like everything was taking a long time.

- That first painful tinge was late February 2023.
- Gynaecologist - March 6.
- Diagnostic mammogram and ultrasound - March 24.
- Biopsy - March 30.
- Diagnosis - April 17.
- First oncology visit - April 20.
- DEXA scan (cancer likes to spread to bones, so they want to check your bone density) - April 24.
- Breast MRI - April 27.
- Results of those last two tests - May 1.
- Meeting with breast surgeon one - May 3.
- Meeting with plastic surgeon one - May 3.
- Meeting with breast surgeon two - May 4.
- Physical (pre surgery) - May 8.
- Meeting with plastic surgeon two - May 10.
- Meeting with plastic surgeon three (the one I went with) - May 16.
- Surgical pre-operation appointment - May 17.
- Double mastectomy with immediate reconstruction - June 5.
- Results of lymph nodes test - June 9.
- Results of Oncotype test (cancer DNA which indicates benefits of chemo) - July 3.

Need I say anymore? The toughest part for me was the waiting. There is SO much waiting where you don't know how bad it is. You are waiting for appointments. You are waiting for surgery. You are waiting for test results. You are waiting to find out if it has spread. Depending on what type you have, you wait to find out if you need chemo or radiation or other medication. You wait for more test results. The entire time you feel like you have a time bomb inside you. In my case, I could feel the cancer, and I could also feel it getting bigger. It went from 1 cm in size to nearly 2 cm by the time it was removed. (Of note, once it is 2 cm, you've crossed a threshold from stage 1 breast cancer to stage 2 breast cancer, regardless of whether it has spread outside of the breast. That is largely semantics, but it felt like a really big deal to me).

There's also so much planning and coordination required to even get through these steps above. For example, one of the biggest challenges in having a mastectomy or lumpectomy with reconstruction – is getting two doctors available at the same time, the surgeon who removes the cancer and the plastic surgeon who puts you back together. Plus you need their schedules to align WITH an available operating room. I was extremely lucky to have a VERY good team.

The reason I met with three plastic surgeons is that I wanted to do a direct-to-implant surgery, and most surgeons do expanders (aka spacers) which they slowly fill over months and then you have another surgery to remove the expander and place the implant. Only one doctor would promise me that he wouldn't do that. (Of note - he insists it's the quality of the surgeon who removes the breast that matters because she has to prep to skin/tissue for his work.)

Although I could have done a lumpectomy, that includes radiation, and having had some clients who had radiation damage from that exact thing, I always knew that if I got breast cancer, I would do a mastectomy. And for symmetry and the fact that I had fibrous breast tissue which was hard to read on mammogram, it made sense for me to do both. I think it's also important to note that it is not a guarantee that breast cancer won't come back in your body...that was news to me.

Oddly, for me, it really wasn't that painful considering it was a double amputation. I did feel very tired and more uncomfortable than anything. You have to sleep elevated, and for the surgery I had, there were drains to collect fluid. I have a friend who also had a double mastectomy who said she couldn't stand upright for weeks. I didn't experience that. I wasn't allowed to lift my arms for a couple of weeks, but I never felt like I couldn't. I was restricted from all 'traumatic physical activity', which expressly included arm exercise, lifting anything heavier than 10 pounds, and vacuuming, for six weeks. And I had the worst increase of multiple sclerosis (MS) symptoms than I have had possibly in my life. I ended up in the hospital for several days because of that. I am still angry because by having Breast Cancer it impacts my treatment options for MS, which I have had to deal with for 20+ years. It's also delaying recovery for my shoulder injury. Plus, it's scary. More than anything it's been a mental battle for me. The plus side is I'm back vacuuming again and that never felt so good. Who knew that would be a thing?

As part of my recovery, I found Pilates was so important because it's always adjustable. I started doing leg exercises after about a week - just little things like seated footwork on the chair or standing leg springs on the Fuse Ladder. I couldn't lie supine for a couple of weeks, so beloved reformer leg circles were out. But I could do other things. Once I could start using arms, I chose closed chain exercises that I had more control over because post-mastectomy - everything feels incredibly tight so you want to manage how big your movements are (and how heavy they are).



I'm three months post-surgery and I'm really getting the most from the feedback of the equipment with the assistance of (a very controllable) amount of gravity. I need to focus most on recovering my range of motion, but again, my surgeons were excellent. I only feel a slight pull at this point when I reach my arms up or out to the side. I still have the shoulder injury, which is a bigger mobility problem than the mastectomy. I also did lose some strength/muscle mass in my upper body, but if you go into a procedure strong, your recovery is easier. I've had multiple major surgeries, and I've always been able to recover pretty quickly because exercise is a regular part of my life.

My favourite exercise is actually using the Fuse Ladder to do slightly weighted arm flexion. I hold a higher rung with the side I want to stretch and a lower rung with my "control arm." My feet are on the floor. I then sink my weight down and stand up - sort of a dynamic range of motion closed chain exercise for the arm on the higher rung. I've started doing open chain with my right arm, the non-injured side. I hang an arm spring really high and retract and protract my shoulder blade, sometimes kneeling upright and sometimes folded over at about 45 degrees. I'm doing lots of rows with springs and weight. Lateral flexion feels great.

While I'm still working through my recovery, there are also some tips I have for other instructors working with those diagnosed with Breast Cancer.

- Keep in mind there are lots of different types of surgeries. Often people have breast reconstruction using tissue from other parts of their bodies
  - It's not uncommon for doctors to use muscles (like the lat) to rebuild the breasts from lumpectomy or mastectomy. Although doctors might say full arm function will be recovered, be mindful that an important stabiliser has been altered
  - If a person has radiation, the skin is often very tight and damaged
  - In almost all breast cancer surgery, the doctor will remove some lymph nodes to see if the cancer has spread outside of the breast. 20% of people who have lymph nodes removed will develop lymphedema, where the arm will swell, become painful, and sometimes be difficult to move. You cannot predict who will get this
  - Our clients need to be careful not to lift things that are too heavy before their doctor clears them for movement
  - There are online resources of suggested exercises (and what not to do) for lymphedema, as well as specialists in treating it through massage and exercise
- And finally, your client has gone through an emotional rollercoaster. I personally have never been as afraid or cried as much as I did in the month leading up to my surgery. So support them as best you can.

**Mariska first found Pilates after she was diagnosed with MS in 2002. Mariska first studied Pilates mat training with Power Pilates in 2005 and completed her comprehensive training with BASI a couple of years later. She did a multi-year mentorship with Julian Littleford before his death in 2013 and owned studios in Washington, D.C. from 2010-2020, and now teaches for and is the co-founder of the [Neuro Studio](#), and is creator and co-owner of [Fuse Ladder](#).**

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# Helping women discover a holistic approach post-cancer



PILATES TEACHER TURNED OCCUPATIONAL THERAPIST SHARES HER JOURNEY IN SUPPORTING WOMEN WHO ARE DIAGNOSED WITH LYMPHOEDEMA.

by Sarah Paxford

I always had a love for Pilates and movement. I also knew I was passionate about health so becoming an Occupational Therapist (OT) was an opportunity to work within healthcare, help people and also have lots of flexibility and freedom with career options. So in my final year of OT study, I did my Diploma of Professional Studio Pilates and a 10-week placement in a Lymphoedema clinic that changed my life...for the better.

For over three years, I worked in the rehab, oncology and palliative care wards in the Queensland Health hospitals in Australia as well as in their outpatient Lymphoedema clinics. This is where I started to notice gaps in the service for a more holistic approach to rehab, Lymphoedema and ongoing wellbeing services.

When we look at the statistics, conservative estimates suggest that around 50 per cent of women diagnosed with Breast Cancer will have ongoing issues (for example pain and/or a limited range of motion) post Breast Cancer treatment in their upper limb and/or breast, while about 20 per cent of women will develop Lymphoedema. This number actually INCREASES with other types of reproductive cancer and we can see Lymphoedema develop in the lower body from that.

So what exactly is Lymphoedema?

Lymphoedema is a permanent and persistent swelling to a body part where the lymphatic system is either damaged, malformed or inhibited. Left untreated, this condition can worsen over time. It is characterised by a protein-rich fluid that can cause swelling, discomfort, skin issues, infection, and impair circulation and movement. Secondary Lymphoedema is Lymphoedema that is caused by damage to the lymphatic system from treatments such as radiation and lymph node removal which are common in cancer treatment.

If I was to try and describe how a client might feel I'd say that this varies greatly. Often people feel a 'heaviness' in the affected limb as well as a tired or achy sensation. They might feel swollen or restricted in their movement. It's not supposed to be painful but lots would say they have some level of discomfort.

It was when I was working in the Lymphoedema clinic that I started to notice the limitations in the service provided to patients. Don't get me wrong there is a lot of support while people are going through chemo and radiation, but once that's over, a lot of the support disappears. Some patients receive an assessment for

***“When we look at Joseph’s three guiding principles of breath, whole-body health and whole-body commitment, we can relate these to the treatment care plan of the breast cancer client.”***



Lymphoedema but many miss out on rehab or upper limb checks. Some fall through the gaps and don't receive any follow-up for cancer rehab or Lymphoedema assessment at all. The hospital is limited with how much time and service they can offer due to demands so they often don't provide a lot of the hands-on therapy that's needed; it's more about making assessments, provisioning equipment and/or resources and giving referrals. In my opinion, what's missing is a holistic service where people are followed up after treatment to ensure they are assessed and treated for Lymphoedema, have appropriate mental health support and an ongoing exercise or rehab plan for their physical wellbeing.

It's also important that we as Pilates practitioners also understand what happens for clients in hospital. The focus from hospitals, doctors, surgeons and oncologists is generally just on cancer treatment - which is understandable. There is a HUGE lack of service and support though for people after treatment while they are adjusting to the mental and physical changes in their body which can be long-lasting. This is an area that needs a lot more attention and referral from medical practitioners.

What we see as OTs is that through physical and emotional trauma and stress, people can start to disassociate from their bodies and feelings. This is one of the blessings of Pilates. Not only are people getting the physical benefits of getting back into exercise and rehab, but they're also starting to support that mind/body connection and build internal awareness in a safe and controlled environment.

Years ago, before much was known about Lymphoedema people were encouraged not to do anything with their arm post Breast

Cancer surgery, to 'baby' it, avoid lifting, exercise, injections, avoid blood pressure readings as examples. Now that we know more, we know that doing nothing after surgery is one of the WORST things we can do, as lymphatic drainage is reliant on MOVEMENT of the muscles (not pumping of the heart). So this is where we as Pilates instructors can be really supportive; in encouraging safe movement and promoting the functionality of that arm.

One of the things I love to focus on is breathing. Breathing can have such a powerful effect and for a lot of those fighting Breast Cancer, they have extremely high levels of stress to deal with and their nervous systems are on high alert. I often start with gentle diaphragmatic breathing. Not only is this good for the nervous system and core it's also vitally important for lymphatic drainage.

Sessions will vary greatly, depending on who I am working with. We might do some gentle mobilisation, stretch and strength for the upper body or we can focus on the lower body if they've recently had surgery and aren't able to do much yet.

It's also good to look at neck and shoulder alignment and function for women post Breast Cancer, as well as postural changes. People may spend a lot of time sitting during treatment, so looking at the hip flexors, glutes and lower body etc for stretching and strengthening can be really helpful. For Lymphoedema, the beauty of Pilates is that we can often do a lot of work supine or have the affected limb/s elevated. This is ideal for lymph drainage. Having the limbs elevated will let gravity do the drainage work as they exercise, plus the springs or straps can offload what is quite often a 'heavier' limb for them to lift.

In reflecting on my journey I think the gift of being an OT is looking at people as a holistic and functional being with lots of different and important roles in their lives. OTs look at addressing physical, cognitive, emotional and social wellbeing and for this group of people (as with all people) it is so important. I also think working in the hospital system has given me a lot of empathy for the challenges and lengthy treatment processes people go through.

If I have any advice for instructors working with clients going through cancer or Lymphoedema I would encourage them to — have the confidence to ask questions about their client's treatment and talk to their treating professionals. Surgeons, physios, OTs as an example, they will be more than happy to provide guidance on any limitations they may have.

- Refer on when you need to. If you see swelling, pain or limited range of movement, ask if they are seeing someone for follow-up to their treatment. You could be the first line of referral.
- Some patients may not know that there are professionals who specialise in this area. If you need a Lymphoedema OT/physio to refer to, you can look on the ALA (Australasian Lymphology Association) website directory.
- Encourage them! Absolutely take it slow and grade their return to exercise within their limits... but also allow them the space to move safely and challenge them to progress. Don't be scared of movement.

In my experience, these people tend to be loyal Pilates go-ers even after treatment and rehab ends. Cancer is life-changing for people and so many change their lifestyles and health priorities as a result. The most rewarding part for me is seeing people progress. It's being able to support them through a challenging time but seeing them come out the other side and watching their strength. It's a really inspiring role we get to play.



Sarah has been a Pilates teacher and OT for 11 years. She currently owns [Recover Wellbeing - Pilates and Holistic Health Studio](#) in Currumbin in Queensland, Australia. She's also organising a [Cancer Wellbeing Expo](#) on November 18th, 9am - 1pm at Elanora Community Centre on the Gold Coast, Australia.

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# The fighting back technique



WE HEAR HOW PILATES AND BARRE TEACHER SHELLY KNIGHT RESPONDED TO STAGE 0 BREAST CANCER AND HOW PILATES BECAME HER UNIFYING FORCE.

*by Shelly Knight*

As women, we often don't give ourselves enough credit, for doing it all and being it all things to all the people in our lives. It often means we don't find the time to tune into ourselves and our bodies and make time for routine checkups. While the latter might be true for most, I had always made one thing a priority, yearly mammograms. My mother is a breast cancer survivor so this was a non-negotiable in my busy life.

When I was diagnosed with Breast Cancer, my recent mammogram did not detect anything. I also underwent genetic testing, which came back negative. Despite my attentiveness to my body, I initially dismissed a sensation as hormonal, given that my mammogram in May 2022 had indicated no concerns. Later, in the autumn, while my son was seated on my lap, I encountered an intense, glass-like pain that pierced through my breast. Prompted by this experience, I conducted a thorough examination and discovered a small, pea-sized lump. Consequently, I proceeded with an ultrasound and subsequently a biopsy.

With two decades of experience teaching Pilates and barre, I recently established a new barre-Pilates studio near New York City, in Glen Ridge, New Jersey. Amidst this exciting venture, I received a call from my doctor regarding the results of a recent biopsy. To my surprise, I was diagnosed with stage 0 DCIS Breast Cancer (Ductal Carcinoma In Situ), a type of cancer found within the milk ducts. This stage was unfamiliar to me, leaving me in a state of shock. Overwhelmed, I chose to keep this information to myself, not revealing it to any individuals I typically confide in. The experience felt incomprehensible. It was only when the doctor reached out two weeks later, reminding me to schedule an MRI for further diagnosis, that the magnitude of the situation sank in. For me, some of the most distressing aspects of being diagnosed with Breast Cancer are the multitude of unknown factors associated with it, including the extent of the mass, required treatments, and the possibility of recurrence. Having to share the news with my two children, ages 10 and 11, knowing I could not promise them that everything would be okay truly tugged at my heartstrings.

I underwent a bilateral mastectomy with direct implant reconstruction on April 11th, 2023, following a previous lumpectomy in January. Due to the density of my breasts, the lumpectomy results were inconclusive, and scans failed to accurately assess the extent of the mass—even the MRI showed no abnormalities. This led me to opt for a double mastectomy, during which both breasts and their tissue were removed. Thankfully, I was fortunate enough to preserve my nipples. I consider myself lucky to have had the option for a direct-to-implant procedure, which eliminated the need for expanders, and reconstruction was performed simultaneously with the



mastectomy. Throughout the recovery process, I learned that it is a gradual journey rather than a linear one. Initially, my range of motion was limited to simple front-to-back or side-to-side movements. Even tasks as basic as putting on a seatbelt proved challenging. However, as weeks passed, I gradually regained mobility and could reach for objects with increasing ease. This journey required time and support, and I am grateful to have had a wonderful team of doctors by my side.

Recovering from Breast Cancer is challenging with a combination of physical and mental hurdles. Losing physical strength, which was always important to me as an instructor, has been tough. The unknowns, worries, and self-doubt have taken a toll on my mental and emotional well-being. The multiple surgeries, scans, doctor visits, and sharing the news have all been physically, mentally, and emotionally draining. It's hard to pinpoint which struggle has been the greatest. On top of it all, I've had to navigate the added difficulty of grieving my Dad, who passed away a month after my surgery.

It's amazing how quickly I was able to start walking after my surgery, even at a painstakingly slow pace. But the real turning point in my healing journey came when my doctor cleared me to begin a Mastectomy-Rehabilitation program. This happened about three weeks after my operation, once the drains had been removed. It was a significant milestone for me.

Pilates, unlike other exercises, focuses on engaging the entire body and syncing movements with the breath. This is exactly what





sets Pilates apart from other exercises, even barre. Just five weeks after my surgery, I returned to Pilates on the mat. During rehab, there was a day when I asked for a ball or something to squeeze between my knees while doing an arm exercise. My body literally craved the essence of Pilates and its unifying force. This practice teaches us to learn and connect with our bodies, promoting overall well-being.

While the priorities can vary individually, emphasizing proper breathing, maintaining consistency, and ensuring correct form during movements, stand out as key focuses for me. Understanding where you are in your recovery journey is also crucial.

It's hard to grasp the unexplainable unease with moving the body after breast cancer treatment or surgery. It's our role as instructors to help harness the power of their breath in navigating these motions. Everyone's abilities are distinct – what one client can accomplish, another might struggle with. Patience plays a vital role; invest time in comprehending where they are in their journey and the reasoning behind your teaching choices. Our empathy and expertise can create an immeasurable positive impact on someone's journey.

Shelly's pledge: helping those going through Breast Cancer

Frustrated by the lack of resources provided after surgery and once Rehabilitation ends, the "Warriors Guide Back to Movement" is a comprehensive resource tailored to guide you in safely enhancing your body's ability after completing physical therapy. It's not intended to replace that vital aspect. Instead, it merges



elements of physical therapy exercises with Pilates, and mental and emotional support, all while teaching you to harness your breath to safely transition back into your previous or modified fitness routine. This guide is a source of empowerment for us, the warriors, as we navigate our path toward movement and well-being.

I hold hope that I can provide assistance to the numerous women undergoing Breast Cancer Surgery Recovery, and even collaborate with studios dedicated to supporting women through these challenges.

**Shelly Knight has a diverse background in teaching Pilates and Barre. She studied under Michele Larsson at Core Dynamics Pilates in Sante Fe, New Mexico in 2000. Soon after Shelly became barre certified by a studio that licensed the Lotte Berk Method. She assisted in starting other barre businesses in LA and Manhattan, New York as their Director of Training. Here, she developed new programs and classes with NY Socialites and celebrities. Shelly went on to create The Knight Technique, which combines her two favorite modalities, barre and Pilates, and will soon launch a Breast Cancer Surgery Warrior's Guide Back to Movement this fall.**

# Consider the dietary needs of Breast Cancer patients



APPRECIATE HOW DIET AND EXERCISE PLAY A MAJOR ROLE IN HELPING WITH BREAST CANCER RECOVERY.

by Dr Janet Schloss

Breast cancer is the most common cancer diagnosed among women in Australia. Approximately 2.3 million people are diagnosed with breast cancer globally with approximately 57 Australians diagnosed each day. That equates to around 20,000 people diagnosed each year and is the second most commonly diagnosed cancer behind prostate cancer. Of those diagnosed, they have a 92% chance of surviving five years (87% for males and 92% for women). Around 1 in 15 by the age 85 will be diagnosed with breast cancer.\*

Among people who have cancer, the ingestion of complementary medicine is very common and these people may seek out options that they believe may make a difference to their prognosis (Seely D et al. 2008). Naturopaths, nutritionists and herbal medicine practitioners can assist these people during their surgery, chemotherapy and/or radiation by a number of ways:

1. Reduce side effects, especially long-term side effects
2. Increase effectiveness of medical treatment
3. Increase quality of life of the patient
4. Potential anti-cancer activity in their own right

It's important when looking at complementary therapy that it is not only one profession, but many, of which pilates can be considered a complementary medicine or allied health professional. Either way, it is important for the person to have a group of professionals working together as a team to best assist the individual. Each profession brings a different aspect which can help the healing and the experience of the person through their treatment and to then thrive post treatment.

## Diagnosis of Cancer and During Treatment

The diagnosis of breast cancer or any cancer can be extremely stressful and generate a lot of anxiety for the individual and their family and friends. Being supportive and creating a safe environment for person with cancer is extremely important so they feel safe, relaxed and open to hearing any help they might



receive. Each stage of treatment is very different and creates different stressors on the patient. Being aware of what is going on for the patient and hearing them, holding space is a vital component of assisting them.

Each stage of the treatments are addressed differently, and each person reacts to each one individually therefore patient centred care is paramount. In naturopathy and nutrition, diet plays a major component, but so does stress management, sleep, exercise suggestions, lifestyle suggestions and social engagement. For diet, chemotherapy can cause some major issues for patients including taste changes, smell enhancement, mucositis (mouth ulcers or ulcers along digestive tract), constipation and or diarrhoea, lack of appetite or increased appetite, not enough energy to cook, aversion of certain foods and beverages (even water can taste bad) and difficulty digesting certain foods. Being aware of what that patient is going through and making suggestions to assist can help them through.

General suggestions during chemotherapy its important to increase protein intake (normally 1.3grams of protein per kilo of body weight a day), eat more cooked foods than raw foods, have frozen meals ready to heat up and snacks at hand to consume and ensure complex carbohydrates for slow release energy. If they are feeling nauseous, somethings people find helpful include hot chips, ginger tea or ginger tablets, soft drink particularly coke cola (something I would never normally suggest) and eating on a regular basis. Most patients go off of coffee, meat, alcohol and many other foods as they don't taste the same. Again, everyone is different, so it will vary greatly.

Breast cancer is the most common cancer diagnosed among women in Australia. Approximately 2.3 million people are diagnosed with breast cancer globally with approximately 57 Australians diagnosed each day. That equates to around 20,000 people diagnosed each year and is the second most commonly diagnosed cancer behind prostate cancer. Of those diagnosed, they have a 92% chance of surviving five years (87% for males and 92% for women). Around 1 in 15 by the age 85 will be diagnosed with breast cancer.\*

### Diets and Breast Cancer

There have been numerous studies conducted on diet. One of more controversial studies was published in 2020 from a longitudinal study conducted on 52,795 North American women for 7.9 years (Fraser GE, et al. 2020). What they identified from this study was that the American dietary guidelines for milk which was 3 glasses a day was statistically significant with an increased risk of breast cancer. Additionally, higher total intakes of dairy calories and more than 1 glass of milk a day had been found to be associated with an increased risk of developing breast cancer [hazard ratios 1.22 [95CI:1.05-1.40] and 1.50 [95%CI:0.55-0.85]. Alternatively, cheese, yoghurt and soy were not associated at all with the development of breast cancer. To add to this data, in 2013, a paper was published that showed people diagnosed with hormone receptive tumours should drink low fat milk, rather than high fat milk (Kroenke CH, et al. 2013). The basis behind this is that all milk contains hormones as the animal must have given birth to lactate, and that the fat component contains most of the hormones.

Numerous other longitudinal and epidemiological studies have assessed the association with breast cancer and dairy with most finding there is no association found. Two conducted in 2018 and 2019 found no association with dairy intake and adolescence and early adulthood and risk of breast cancer later on (Chen L, et al. 2019; Farvid MS, et al. 2018). Soy on the other hand, has very conflicting results which can lead to considerable confusion. Most of the confusion comes from the fact that studies in humans compared to the studies conducted on animals show different results (Shu XO, et al. 2009). What is recommended is that if you have had soy all of your life, you can continue having it, if you haven't, don't start especially the highly processed soy foods or products (Qiu S, et al. 2019). What is safe to consume is small amounts of the traditional foods like tofu, tempeh, edamame or miso (Shu XO, et al. 2019; Qiu S, et al. 2019).

In 2010 an important paper was linked an anti-inflammatory diet to reduced risk of recurrence (George SM, et al. 2010.) By lowering the low-grade chronic inflammation, improved survival rates were found. This was measured by C reactive protein (CRP) levels in the blood. Another diet on the fasting-mimicking diet was conducted on triple-negative breast cancer (TNBC) which found that it

lowered glucose-dependent protein kinase A signalling and stemness markers which assisted in reducing the number of cancer stem cells (Salvadori G, et al. 2021). It also helped to prevent hyperglycemia and other toxicities associated with chemotherapy. The main diet that has been proposed for people with or post breast cancer is the Mediterranean Diet (MD). It has been shown to have a positive effect in prevention, during treatment and post treatment (Mentella MC, et al 2019; Laudisio D, et al. 2021; Hussain T et al. 2016). The diet contains naturally occurring polyphenols (olive oil, vegetables, herbs etc) which have a natural anti-inflammatory and anti-angiogenesis action that can assist in the reduction of proliferation of cancer (Mentella MC, et al 2019; Laudisio D, et al. 2021; Hussain T et al. 2016).

When it comes to For exercise, its important work within the patient or client's limitations as fatigue can be extreme for some people. If you are conducting a class for an hour, this may be too much for some, and might need to be broken down to 2 half hour sessions a week or less. There is also a wave of fatigue that can come over them at certain times and they shouldn't push through that type of fatigue, they need to sit or lay down until it passes as that can cause major fatigue after as they do not recover as well. If they are generally feeling malaise which is not feeling great as well as tired, they can work through this type of fatigue. Checking in with them on a regular basis will assist. Additionally, paclitaxel or taxel is a chemotherapy agent that also affects the quads and they may find that walking up stairs or hills or exercises that works this muscle group maybe a lot weaker than normal and will not recover as well.

### Conclusion

Overall, having a team around the patient to assist in all aspects is an imperative aspect of assisting them through this experience. It is also important for the different professionals to be in contact and update each other on what they are doing to best assist the patient. Having good referrals which you trust that you can suggest to people is also very advantageous. Ensuring that this experience for them is as easy and supportive as possible can have a big impact on how the patient travels through this phase in their life.

**Dr Janet Schloss is Clinical Research Fellow at the National Centre for Naturopathic Medicine, Southern Cross University in Queensland, Australia. Janet is an accomplished researcher with extensive experience in coordinating clinical trials. In addition to her academic career, Janet is a practicing clinical nutritionist and naturopath with over 20 years' experience. Following the completion of her doctorate in 2015, Janet has focused her research on supporting people who have cancer through studying the use of complementary medicines to assist side effects of cancer treatments.**

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# The future of spring resistance training

GIVE YOUR CLIENTS A MORE CARDIO FOCUSED, BALANCE CHALLENGED WORKOUT THAT WORKS THE WHOLE BODY.

*by Cie'Jai Zarb*



The Pilates Journal did an interview with Jill Harris, the inventor of FitSprings to understand more about this equipment and why it's so effective.

Speaking with Senior Pilates Instructor, Jill Harris you can see that creativity runs in her veins.

"All of this began with a workout on the Pilates Cadillac that I filmed and shared on YouTube back in 2012 where I put the leg springs on opposite sides of the table and place the straps above my knees for a ballet based "barre" workout," said Jill.

"My clients were taking barre classes and other bootcamp style classes outside the studio and coming back complaining of pain in their back, hips and knees and I wanted to offer them a dynamic workout that would be safe and effective. I kept thinking about how could they use arms and legs in the straps at the same time to have full body resistance and that was the start of me researching how to do this.

"I began to think about how I could create something that would

go overhead and have springs coming down. My inspiration initially came from a fashion show. I happened to notice an Alexander McQueen show at the time where he used honeycombs as a theme. I looked at this and saw the idea of using the points in the honeycomb as points to support resistance and drew some ideas from that.

"A friend introduced me to a person who was making metal sculptures for Burning Man and when I shared my idea with him he sketched out exactly what I was talking about and began to build out the structure," she said.

In April of 2013 Jill installed the structure and got started on testing. "I ordered every kind of spring, band, and resistance tube I could think of to test it out. I had to find the right calibration. During this three-month period I brought in clients of all sizes, shapes and heights to test the different resistances and find the one most universal to all bodies," said Jill.

"Not long after I began creating workouts with my trainers as well as personal trainers and a physiotherapist and launched what was

then called 'Informed Technique' off the name of my studio which was Informed Body in July of 2013.

"It was evident quite early on that FitSprings as it's now known benefits absolutely everyone. From clients who are elderly and need dynamic balance to the athlete who needs to work on their endurance to the average client who is not getting enough cardio to the injured client who requires offloading their joints while strengthening. I've used it in dancers who have had foot injuries and need to regain strength to jump and releve and for clients who have knee issues when squatting or lunging. It's a great way to get them to learn to fire their muscles up in ways they aren't able to without the feedback of the springs.

"The majority of the work is done standing which requires clients to balance more and stay connected from the top down. This is quite different to many current Pilates-based workouts that have you laying horizontally.

"There are similarities in that I do series with just the arms for core workouts and just the legs like side-lying leg springs, but the difference is the intensity and the way the set-up enables the body to feel more lifted and engage more effectively.

"Centering and control are two of the main principles at play here. The set-up is designed to keep the body aligned and to visually and physically cue you to know when one side is working harder than the other. Controlling resistance throughout the body is intense and requires total body awareness.

"The resistance is much more intense and it's something people have to get used to.

"I would describe FitSprings as the secret weapon that is getting clients stronger fast. It is improving their cardiovascular strength, their balance and their general conditioning. Clients who use FitSprings are reporting they are stronger than ever and can do their other activities with greater ease. Athletes are improving their skills and my older clients are saying when they almost fall and were able to correct themselves before hitting the ground.

"I use the FitSprings for children as young as 10 to adults as old as 86.

"You can also get creative in how you use it. For instance, if you have an elderly client you might have them sitting in a chair and use the leg springs or arms to stay strong. There are so many ways you can use it," said Jill.

Jill also shared her personal story. "In 2017 I was physically attacked with a gun and sustained severe injuries including a fractured skull, C6,7 Herniated onto a nerve which radiated down my arm, my rotator cuff was torn, labrum was damaged and my shoulder was fractured," she explained.

"I couldn't lie down on my reformer or lift my arms over my head. My legs still worked and I needed to keep moving so I adjusted the resistance of the arms and changed the placement of the straps to my elbows. From here I continued to work on strengthening my body every day and kept my workouts going because of this equipment.

"10 years on and a full recovery, I am proud to say that FitSprings is now in 12 locations including home studios and studios in California, Arizona, Colorado, Oregon and Kansas.



Below Jill provides a [video of how FitSprings can be used to support someone during their Breast Cancer Rehabilitation.](#)





“Originally the structure allowed for just two people but now being modular it can be increased for semi-private training with 4-6 participants due to its modular design. In a semi-private environment studio owners can also charge more than a regular pilates or personal training session,” she said.

In Kansas at Pilates with Kahley it is being used to train NFL players and MMA fighters and dancers to be more competitive at their sport. Others are using it as a way to get more intense cardio.

“In short it provides a provides more dynamic experience that emphasises functional training in a low-impact manner. The goal is to use the springs as a training tool to make movements that may be challenging in everyday life more achievable. Over time we want to improve their movements off the springs. It’s a fantastic challenge and provides a new way for your clients to be challenged. What’s not to love!,” said Jill.

**Jill Harris, the visionary behind FitSprings, crafted this innovative approach to strength and stability training after her personal journey overcoming injuries and physical constraints. FitSprings uniquely combines assistance and resistance, ensuring minimal joint impact while promoting functional movement for individuals of all abilities.**

**Connect with Jill on Instagram at [@jillharrisPilates](#) and [@fitsprings](#). Learn more about FitSprings [here](#).**

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# Let's remember to treat every client differently



THE LESSONS LEARNED FROM WORKING WITH BREAST CANCER SURVIVORS CAN MAKE YOU INTO AN EVEN BETTER TEACHER

*by Lee Hodder*

The first Breast Cancer survivor I ever worked with was very vulnerable and frightened to move in certain ways as the stretching scared her. I remember speaking with her breast cancer nurse who had taken care of her during her treatment and she told me how delicate this particular lady was and she was not coping with her situation. Consequently I had to be careful with her and sensitive to her needs to gain her trust. It was an eye-opening and very real moment for me once I realised my role went beyond being a Pilates teacher.

At this point in my career with more than 14 years teaching and running my own studio, I had only ever come across four breast cancer survivors prior to being diagnosed with breast cancer myself.

All four of them had completely different experiences.

The second lady had exactly the same treatment as the first but was such a strong woman in herself and was confident and not afraid to move. She handled it completely differently from the first, which was a learning curve for me. These first two clients didn't have chemotherapy but both had a full mastectomy and breast reconstruction using part of their rectus abdominis.

The third lady I worked with had a double mastectomy, chemotherapy and radiation therapy. I must admit I treated her very differently. She had lost both breasts and had chosen not to have reconstruction and this was very obvious to me. I also knew a little about this lady from the friend who referred her to me, so I prejudged her and treated her like she was wrapped in cotton wool.

I only saw her a couple of times and she seemed very tired and low on energy and had a lot going on in her life. It was a very short time after this I was diagnosed and immediately realised how I had considered her differently and I learnt a lot from that and would not look at a survivor that way now.

The fourth client had been in remission for some time and she never talked about it as she told me she had no issues with her body from her treatment some years ago.



What these four clients showed me was just how different their journeys had been. How some ladies are very happy to share their story while some keep it very much to themselves so I believe we are all affected and feel differently about it...and when I also reflect upon it I also feel different about it too.

When I was diagnosed in 2018, I was in the dark about the disease and the treatment that I never considered I would stop teaching at my studio.

Discovering a lump in my breast was very scary as I had no knowledge of what lie ahead and I was very scared of the chemotherapy (chemo) as I had read such dreadful things about it. Funnily enough, I was not that concerned about losing my breast. I was very afraid of having radiotherapy, however, I was lucky not to need it as the chemo did such a good job on the tumour.

My diagnosis was shortly after I had worked with my third Breast Cancer client and I thought about her a lot after my own discovery. I still had two of my original clients doing Pilates with me and they were the first people I wanted to speak to. They were incredibly informative and supportive and were able to answer lots of questions I had.

My oncologist advised me to stop work altogether because your immunity is compromised whilst on chemo and she didn't think a Pilates studio a good idea with lots of people around me on a daily basis and run the risk of catching a cold or similar. So I decided to close my studio.

I was diagnosed in September 2018 and my chemo started

beginning of October...I had my last treatment February 2019. After chemo was finished, I had lymph node surgery to remove nodes from my armpit and then I underwent a nipple-sparing mastectomy with a temporary spacer inserted before final surgery in September 2019 - a year since my treatment began.

For the most part, people were incredibly generous with offers of emotional, financial support and whatever else I needed and I found some of my clients to be my biggest supporters - constantly checking in to see how I was and offering all sorts of help from cooking meals, cleaning my house and doing my washing, which I did not let anyone do but it was still mind-blowing to have these offers - I just did not expect this.

Some of my closest friends were the ones that treated me very differently and I lost some friends during this time because of their reaction to my illness. Sadly, quite a few people had too much advice, questioning and commenting negatively on my care and this was disappointing as they were not being supportive to my needs at the time. There were others I had known for a long time who could barely say hello to me because they simply did not know what to say. I did learn so much from other people about how not to treat someone with cancer.

After undergoing the mastectomy and having a spacer temporarily implanted until things settled in readiness for a permanent implant, I was in a lot of pain as the pec major is completely lifted from the chest wall during the operation. The spacer was left intact for about six months when I had an implant inserted. After both surgeries I did experience a lot of pain. After some months I returned to exercise and I did not avoid anything in particular. I just focussed on movement in and around the joint. I did have lots of issues with my shoulder for 6 to 12 months but it did recover with consistent persistent strength and stretch and I had minimal physiotherapy.

When I reflect on my Breast Cancer journey, I personally don't see it as such a big deal now. I think that's because I was so impressed and confident with the care I received from my oncology and surgical team. My breast nurse was like my own personal bodyguard, I loved her and she was my rock.

Everyone was incredibly kind to me and I felt completely taken care of. I had never spent any time in a hospital as I had always enjoyed good health so it was like stepping into another world I had no idea existed. It was an incredible and interesting experience. You spend a lot of time at the hospital every week having different scans and x-rays. I swear I had over a thousand needles with constant blood tests and cannulas being inserted which has left me with needle phobia! Being in an oncology lounge and having treatment with so many other men and women with all kinds of cancer was such an eye-opener for me. And the big takeaway was it's not as scary as I thought it would be.

There are quite a number of women who are survivors attending pilates sessions at the studio I now teach at, and I am also very aware of large numbers of women in Townsville having this disease. The bottom line is lots of women get Breast Cancer and there are so many different types to consider.

These days I do not treat fellow survivors any differently to anybody else. I also let them know that I am a survivor so they know I understand where they're possibly at and they always seem a little surprised when I tell them this. I feel they trust you because you know what they've been through.



If I could give any advice to teachers working with people who are or have experienced the disease, do not think of them any differently to anybody else walking in with some kind of injury. You will find out quickly if they want to talk about it or if they would rather not. People with Breast Cancer or any other cancer are still the same person they were the day they found out and need to be treated as such. Let's keep that in mind.

**Lee has been a dedicated Pilates professional since 2003. She loved it so much decided to become a teacher and did her training with the APMA in 2005. Her passion for the Method is as strong now as it was back when an apprentice. Lee has taught literally thousands of hours of mat, barre and reformer classes as well as studio sessions and loves nothing better than teaching her clients to move with grace and ease and how to take care of their body to remain pain free. Lee currently teaches at [Body Organics](#) and [Om Wellness](#) in Brisbane.**



# The fit side of Breast Cancer



OPEN YOUR MIND AND INDULGE YOURSELF IN THE FLIP OR FIT SIDE OF BREAST CANCER.

*by Heidi Wright NCPT F.I.S.T.D F.C.U.S.A.  
Final Diploma.*



For every situation in life there is generally a flip side to the situation at hand. If you have found yourself in the situation of experiencing Breast Cancer, I would like you to open your mind and indulge yourself in the flip or fit side of Breast Cancer.

Whether you or someone you know is struggling with Breast Cancer and its accompanying surgeries, treatments, reconstruction programs and adjuvant therapies, the process of treating and rehabilitating Breast Cancer can be long and arduous. As a result, patients should endeavor to seek a program to promote better health and mobility as soon as possible after treatments, albeit with their Surgical Teams consent.

In the quest to regain a sense of normality after Breast Cancer, rehabilitation and post rehabilitation programs are the areas that should be investigated; however, rehabilitation is more often overlooked or completely ignored. Rehabilitation and post rehabilitation should be the stages after chemotherapy, radiation, breast reconstruction and implant surgery where the patient's body remains, no longer what it was before the process began. A Pilates Rehabilitation Program can and does accommodate a patient in both stages.

Pilates can be used as a tool for regaining flexibility, strength, mobility and fitness after treatment. There are a wide range of exercises in the Pilates method both in the apparatus areas and mat sections. These exercises are useful for rehabilitation of the back, arm, chest, spine and abdominals following surgery. The vast expanse of exercises available in the Pilates method will not only assist in the areas affected by Cancer treatment, but will improve the patients' entire body's fitness levels, leaving one vitalized and ready to start anew again after Breast Cancer surgery.

Breast Cancer survivors often feel insecure about their new appearance and tend to worry about the possibilities of recurrence, future quality of life, and query whether their lives will ever resume its former qualities of existence. Pilates based instruction can help rebuild the harmonious fusion of the mind and body whilst working on regaining a similar quality of life before Cancer, if not a better one, and will assist in rebuilding the persons confidence in the new look and perception of the body.

Pilates based exercises can help address the aforementioned



concerns, when executed with a practitioner that is well versed in this particular field of rehabilitation therapy for Breast Cancer. The patient and practitioner must consider each case separately. The practitioner must consider the type of surgeries, reconstruction and therapies already performed on the patient before deciding on a unique rehabilitation program per individual client. For example, both the patient and practitioner would consider scenarios such as the presence of Lymphedema or Axillary Web Syndrome, possible nerve damage to proximal muscle groups, removal of the Pectoral muscle and Fascia, Chemotherapy, Radiation and Hormone Therapy to name a few, There are no two cases that would be identical due to the individual case history and human variables. Initial rehabilitation should be done on a one-on-one basis. Later, post rehabilitation therapy could be done in a group setting if variables are similar. The sharing of another patients' experience is often helpful in the healing process of other patients.

Some of the following Pilates exercises are great to start a program approximately six weeks after all procedures are completed. These exercises are not in any suggested order.

M Arm Arc/ Arm Circles Supine  
 M Childs Pose with a small ball or roller  
 M Goal Post Supine/ Puppets / Candlesticks in other

genres

M Quadruped/Choreography  
 M Bridging  
 M Assisted Rolls  
 M lateral flexion and extension/Props  
 Standing Goal Post/ Spider Walks/Push outs in other

genres

Standing overhead stretch/ props

R Footwork  
 R Arm Arcs/circles  
 R Scooter  
 T Seated Mermaid  
 T Supine Leg Series  
 C Standing leg pumps  
 C Hamstring 1

As previously mentioned, the harmony of the mind and body is a priority for the body to work at its best. This ideal is one of the primary Pilates principles as is so with other types of disciplined exercise genres. With diligent and consistent rehabilitation therapy, the patient will look and feel better not only to themselves but to others. Invariably, the difficult step is the step to GET STARTED! A Breast Cancer patient needs to indulge themselves in the FLIP side of the Cancer leaving the patient with nothing to lose, but rather to gain. FLIPPING to the FIT side of Cancer would be the suggested path to follow. Step forward and get started to the path of recovery!

**Heidi Wright** is a Master Teacher in the genres of Pilates and Ballet. She has been an International and residential guest instructor, lecturer, practitioner and published writer in both genres since 1992 and is a graduate in Pilates Mat, Allegro, Studio and Post Rehabilitation with Polestar Pilates and with Pilates elder Lolita San Miguel. She is NCPT and a member of the PMA.

As a Breast Cancer Survivor, Heidi holds a special interest in Post-operative Breast Cancer therapy and holds a certificate in Post Rehabilitation/Recovery for breast cancer patients with the Pink Ribbon Program. Heidi also works with dancers suffering from injuries of overuse, surgery or simply those that are in special needs for their professions.

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# Instructor Spotlight: Joanna Leseh

WE SPEAK WITH PILATES INSTRUCTOR JOANNA LESEH ABOUT HER PILATES CAREER AND HER TEACHING FOCUS

**Q. Tell us a little about yourself and your Pilates background?**

**A.** I'm Joanna, a certified STOTT Pilates instructor based in Malaysia. In 2018, I took a bold step by leaving my corporate job to pursue a new path in teaching Pilates. Since then, I've been sharing my enduring passion for Pilates at Breakfree Movement, a studio dedicated to promoting physical longevity through diverse natural movement practices. Our dedicated Pilates corner is designed to enhance body awareness and strength, complemented by quality functional movement. Beyond the studio, my friends describe me as bubbly and adventurous with a deep love for travel and exploring nature.

**Q. How did you discover Pilates?**

**A.** In 2012, I started my fitness journey with yoga, which provided me with numerous physical and mental benefits. However, after experiencing a back and wrist injury, I needed a form of exercise that could aid in my rehabilitation process. That's when I discovered Pilates.

**Q. How do you keep learning? What inspires you in your work?**

**A.** As an instructor, I am driven by a passion for continuous learning and growth. Breakfree Movement significantly influences my pilates practice through its emphasis on natural and intuitive movement. The nurturing and collaborative community at the studio motivates me to explore new perspectives and approaches to movement. I also prioritise regular pilates practice and make time for exploration.

**Q. The best advice you were ever given as a teacher...**

**A.** The best advice I was ever given as a teacher is to embrace continuous learning and maintain a growth mindset.

**Q. Is there something you try and instil in each of your clients?**

**A.** I focus on nurturing a mind-body connection and promoting mindfulness and awareness in my clients. During our Pilates sessions, I relate the movements to their daily lives, helping them apply the principles beyond the studio.



**Q. The best Pilates course you ever did was...**

**A.** The Stott Pilates course continues to be the cornerstone of my daily practice and not forgetting "Support Your Floor™ Pelvic Floor Health" by Carolyne Anthony.

**Q. What's your favourite piece of equipment to use with clients in studio and why?**

**A.** I love using the reformer. It's versatile and great for various fitness levels.

**Q. How do you stay motivated?**

**A.** I stay motivated by prioritising self-care, getting enough rest, and maintaining a healthy work-life balance. Taking regular breaks and avoiding burnout helps me stay focused and enthusiastic about my work.

**Q. What makes you laugh the most?**

**A.** I must admit that one thing that never fails to make me laugh is the occasional mishap of unknowingly wearing my pilates clothes inside out. It's something that happens once in a while, especially when I have to get ready super early in the morning, and the lack of visibility due to the early hours adds to the humour.

**Q** What's your favourite way to spend a day off?

**A** My favourite way to spend a day off is by resting at home, cooking a delicious home-cooked meal, and reading a book. It's the perfect combination of relaxation and personal enjoyment.

**Q** How many pairs of grip socks do you own?

**A** I have to admit it's more than 10 pairs and yes I love a stretch band!

**Q** Does your family 'really know' what's involved in your job?

**A** Yes, my family truly understands my job. They've supported my transition from the corporate world to teaching full-time. During lockdown, they joined my online mat pilates classes regularly. When they visit, I often give them private lessons.

Joanna works for [Breakfree Movement in Malaysia](#).  
@[bendy.jo](#)



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# When horse riding and Pilates join forces

PILATES HAS BEEN AN INTEGRAL PART OF BRIDGET'S RIDING CAREER TO DATE AND SHARES THAT IT WILL ALWAYS BE A PRIORITY IN HER REGIME GOING FORWARD.

*by Bridget Garlick*

"I was fortunate. I began Pilates around the age of five years old. I was very fortunate in that my Mum, Kimberley, is a Pilates practitioner and so I was exposed to it from a very young age. Pilates has been a part of my life for as long as I can remember and so naturally became something that I took for granted. I didn't realise the full extent of the impact of Pilates on my riding until I left home at 16 to work at Rangeview Equestrian in Queensland, Australia. During the three years of being at Rangeview, I participated in only the occasional Pilates class when I returned home and found that this made me weaker as a rider. At the time I was also going through a growth spurt and found that the lack of core strength and the ability to isolate certain muscle groups meant that I had a lack of control over my body. One of the biggest things I struggled with was my upper body wanting to lean in either direction when I rode a horse. So when I moved home at the end of 2018 to start up my own business, I made the decision to treat myself as an athlete, as much as I treated my horses as athletes. I spent more time training out of the saddle through Pilates and other cardiovascular fitness and as a result, I became a stronger and more effective rider.

For those who have a love for or have ever tried horseriding, you'll quickly understand consciously or not that riding a horse places a large amount of impact on our body as it is quite an unnatural position for us to sit in for a prolonged period.

I noticed I became quite tight through my ribcage and upper back from the constant compacting of my spine. I also discovered a lot of swelling through my lower leg due to the 'heels down' position that riders are in, and I get some neck and shoulder pain due to the position our arms are in, particularly if riding a stronger horse. These things while significant were not a deterrent to my riding but rather a problem to be solved, so I could enjoy my riding more and get more from the animal I am working with.

What you may not realise unless you've ridden extensively is that every horse is different and requires a different method of riding. It's our job as riders to try and understand what each horse needs and how best to communicate with them. Pilates has given me the ability to isolate different body parts and use them effectively. Through isolating body parts I am able to try different aids to

hopefully find the most effective means of communicating with the horse.

When in the saddle we need to be able to stay soft and relaxed through our hips, without our upper body or leg moving, I need to be able to take the leg back from the hip, I need to be able to open my shoulder whilst keeping my hips straight, I need to be able to close one knee without the other closing, and so much more. Every one of these specific aids requires training out of the saddle, just as much as in the saddle. It's about training hip disassociation, spine flexibility, core strength, abductor strength, all of which I would argue are best achieved through Pilates. It is about being a strong rider but 'Pilates strength' not 'brute strength'.

It also matters what I do once I get out of the saddle too. My post-riding Pilates routine helps to keep my spine supple and flexible, relieve neck pain which as a result reduces the amount of headaches that occur, and improves the circulation through to my lower leg. I have a small routine I do at the end of my day to stay on top of my own recovery post-riding that requires no equipment and can be done anywhere. I also then love to head into the studio to utilise the equipment and really target any niggling areas. By taking the time to utilise Pilates in my cool-down phase I reduce my risk of injury, allow my body to recover quicker so I can get onto my next horse and keep my body feeling flexible to make it more effective on the horse.

I've also become acutely aware that if I get tight through my back often I will hunch through my shoulders and become rigid on the horse rather than being soft and going with their movement. This makes the difference between how I connect with the horse and how we work together to make precise moves together.



It also matters greatly as to how I sit in the saddle. It is important for all riders to have symmetry through our bodies to allow us to distribute weight evenly in the saddle and down through both legs. A lack of symmetry will cause our horses to have a lack of balance. An example of this would be in a canter transition, if we lean either direction or distribute our weight unevenly the horse will counter balance by striking off on the wrong canter lead. So they effectively compensate for our lack of balance, stability and control.

There is a different sort of position I need to ride in for all three phases of eventing (dressage, cross-country and show jumping) however in each phase our posture needs to be strong, secure and in balance. It's essential for a rider to sit in a good posture when on the horse to encourage the horse to sit and push from their hind leg, and carry themselves in an uphill frame, both of which create more power in the horses' movement and improve their balance.

Posture is also important for a rider's safety. If we are hunched over or leaning in any direction we will not only put ourselves off balance but also our horse. As riders start to jump at a higher level, particularly when going cross country, it is incredibly important that riders sit with a good posture in the saddle to allow the horse to jump up to them, to recover quickly landing and to stay in a tall balanced position in case the horse misreads the fence and makes a mistake that may otherwise result in the rider falling.

Pilates assists with improving our posture firstly by giving us body awareness. Body awareness and control of where your body is in the saddle is one of the most crucial parts of riding effectively, it allows riders to make corrections as they feel their body move in the saddle or as their coach points out to them. Secondly, Pilates improves your posture by improving your spine's flexibility, allowing our posture to be tall and straight and allows for more absorption through the spine. Thirdly it improves our core strength, in particular, your inner core strength is what is going to allow you to maintain good posture once you find it.

As a horse rider, sure I've had my fair share of injuries. I've had many injuries including a sprained tailbone, a broken arm, surgery on one of my legs, pubic synthesis pain, neck pain from falls and a brain injury. And yes I still love what I do. In my opinion, Pilates is the headline in every instance where a rehabilitation program is required.

The most significant injury has been the brain injury which resulted in me needing to relearn to walk, talk, gain control in my arms for everyday necessities and eventually ride a horse. Pilates enabled me to regain control and understanding of my body and how to make it move. It also helped me in regaining strength, coordination and balance which were all essential in learning to ride again. My Pilates sessions post-brain injury began with just then minutes of work pushing the carriage in and out on the reformer, the spring system of the Pilates equipment provided my body and brain with feedback on where it was and how it was moving. As the sessions got longer and I returned to a normal level of brain function, we began to increase the difficulty and workload in my Pilates sessions. One of the most useful apparatuses in the Pilates studio for me has been the OOV as it has helped to reconnect the neurological pathways from my brain to my body and enabled me to regain body control and awareness.

*"By taking the time to utilise Pilates in my cool-down phase I reduce my risk of injury, allow my body to recover quicker so I can get onto my next horse and keep my body feeling flexible to make it more effective on the horse."*



**Bridget Garlick rides as a professional rider for Tim and Jonelle Price at Chedington Equestrian in England.**

Sure there have been challenges but I wouldn't have it any other way. Horse riding and Pilates will always be a part of my life and a huge part in achieving my goals. In the future Pilates will continue to make me stronger through my core which will hopefully prevent falls and make me a more secure rider, it will keep my spine flexible to prevent injury and discomfort, and it will aid me in the recovery after any injuries I obtain in the future. My riding goals are to compete at the top level of eventing (a level 5) and represent Australia at a World Championship and Olympic games so Pilates helps me level up my game and get me ready for big events. At the end of the day if you want to be a strong, safe and effective rider you must do Pilates! It's that simple!

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# Upcoming courses

## BASI AUSTRALIA

The Mat Program , Mat and Reformer Program and Comprehensive Global Program are now offered in  
Brisbane- BASI Pilates Academy Australia - 23 Feb to 16 June  
2024, 3rd Feb- 5 May Manly, Sydney and 1 Mar- 23 Jun - Sunshine Coast.  
2024 - Canberra coming soon!

Find out more [basipilates.com.au/education/](https://basipilates.com.au/education/)

## BODY ORGANICS EDUCATION

[Springing this joint](#) - Sydney - 13 October, Wamberal - 14 October and Brisbane - 4 November  
[Hashimoto's Disease](#) - Bondi, Sydney - 15 October  
Springing this Joint and Hashimoto's Disease - Canberra - 29 October

A full event calendar can be found [here](#).

[The Pilates Vibe](#) are now running Body Organics Mat, Reformer and Comprehensive Courses in Melbourne.

Find out more [www.bodyorganicseducation.com](https://www.bodyorganicseducation.com) or contact [info@bodyorganicseducation.com](mailto:info@bodyorganicseducation.com)

## REACH MOVEMENT HEALTH

Further your education with one of Reach's online or in-person workshops.

Online workshops include Zoom Masterclasses with Reach Experts Healthy Bones and Hips with Lisa Jackson in Brisbane. Enhancing Movement Potential: Centred to the Core for Pain, Performance, and Postural Control with Kath Banks in Melbourne and more.

Find out more [reachmovementhealth.com/continuing-education-programs-2023/](https://reachmovementhealth.com/continuing-education-programs-2023/)

## PILATES ITC

Blended (Online + In-Person) or Online (start anytime) options available.

(10838NAT) Diploma of Pilates Instruction, Matwork and Reformer + Small Apparatus Pathway, Reformer and Small Apparatus Pathway, Matwork and Small Apparatus Pathway, Studio Instruction Pathway, Anatomy + Physiology (Online only), (10839NAT) Advanced Diploma of the Pilates Method.

Upcoming Blended Entry Points:

All States: QLD, NSW, WA – Enrol now for September (starting with Matwork).

Enrol and start your online Coursework at any time ahead of your first in-Studio session!

Give the Pilates ITC Careers Team a call on (08) 9330 4570 to secure your place - [pilatesitc.edu.au/](https://pilatesitc.edu.au/)



## POLESTAR PILATES

Upcoming Continuing Education Courses include:

[Wundarful Chair Workshop](#) - 18 November - Sydney.

Pilates for Chronic Lower Back Pain Online Course - available anytime  
Online Masterclass series - available anytime

For a complete list of courses see the Polestar website [polestarpilates.edu.au/pilates-continuing-education/](https://polestarpilates.edu.au/pilates-continuing-education/)

## STOTT PILATES

STOTT PILATES® Intensive Matwork and Intensive Reformer Courses to be held in 2024 at Innaessence studio in Queensland, Australia.

Intensive Matwork Course – 30 Jan - 7 Feb 2024.  
Intensive Reformer Course – 8-18 Feb 2024.

Contact Innaessence [here](#).

# Upcoming courses

## NATIONAL PILATES TRAINING

National Pilates Training (21719) offers the following government-accredited skill sets and qualifications

Groupfit professional pilates Instruction  
Professional pilates matwork Instruction  
Professional pilates reformer instruction  
Diploma of professional pilates instruction (10838NAT)  
Advanced Diploma of the pilates method (10839NAT)

Our government-accredited courses are available in person - Melbourne, Sydney, Brisbane, Canberra, Hervey Bay, Morisset- NSW, Ballarat- Victoria, online only – global

National Pilates Training has courses starting each month, in person, in a location near you and all courses are available online wherever you are. Find out more [www.nationalpilates.com.au/](http://www.nationalpilates.com.au/)



## STUDIO PILATES

Matwork Course - 5-8 Oct - VIC, 19-22 Oct - NSW, 19-22 Oct - QLD  
Reformer Course - 12-15 Oct - VIC, 15-19 Nov - QLD and 30 Nov - 3 Dec - NSW.  
Platinum Instructing Course - 13-18 Nov - VIC, 14-19 Nov - NSW and QLD.

Those in the USA and UK can join one of their online courses via zoom.

For a complete list of dates in other states see the Studio Pilates website [studiopilates.com/education/book-a-course/](http://studiopilates.com/education/book-a-course/)

## TENSEGRITY TRAINING

Cert IV in Contemporary Pilates and Teaching Methodology  
Cert IV of Contemporary Pilates and Teaching Methodology (52855WA) with Reformer (Cert IV and Reformer)  
Integrated Diploma of Contemporary Pilates and Teaching Methodology  
Pilates Group Reformer Instructor Training (PGR)

Tensegrity offers training in NSW, QLD, VIC, SA and TAS.

For a full list of dates in all states visit [tensegritytraining.com.au/accredited-training/](http://tensegritytraining.com.au/accredited-training/)

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