

Certificate in Mat-based Pilates Qualification Standards (Core, Mat-based)

These standards describe the competences required to instruct Mat-based Pilates sessions. The Certificate in Mat-based Pilates requires 275 Guided Learning Hours (GLH) to include 150 mandatory Face to Face Tuition Hours (FTH), of which 75 hours must be practical. The GLH and FTH are identified on each unit page; the **Mat-based Pilates Qualification & Assessment Structure** in your Accreditation Pack also shows a full breakdown of the hours.

Wherever the term 'standards' is used in this document, this means skills (or occupational) standards, not any other types of standards that may be used in the Pilates industry.

These standards cover teaching of Mat-based Pilates to include:

- working one to one with a **client** or **small client groups** (no more than 3)
- working with a larger group of clients in a **class** format.

These standards include giving clear instructions, demonstration of skills, techniques of teaching and correcting exercise with clear and positive feedback and monitoring a Mat-based Pilates session.

The goal of the Pilates Instructor is to impart the knowledge, skill and confidence for **clients** to be able to follow an exercise plan for a lifetime. The Pilates Instructor will normally be working without direct supervision.

Click on the link below to take you to each unit:

The unit code given in brackets refers to the ICREPs Global Standards.

- Unit 1 (P1)** [Anatomy and physiology for Pilates](#)
 - Unit 2* (F16)** [Professional practice and personal career development](#)
 - Unit 3* (F12)** [Supporting and educating the client](#)
 - Unit 4* (F14)** [Provide customer services](#)
 - Unit 5* (F17)** [Adaptations, modifications and contraindications for special populations](#)
 - Unit 6* (F15)** [Health, safety and welfare](#)
 - Unit 7 (P2)** [Principles of exercise and programming for Pilates](#)
 - Unit 8 (P3)** [Principles, fundamentals, philosophy and original of Mat-based Pilates](#)
 - Unit 9 (P4)** [Collect and analyse relevant information](#)
 - Unit 10 (P5)** [Assessing the Pilates client](#)
 - Unit 11 (P6)** [Plan and design Mat-based Pilates \(group class and one to one\)](#)
 - Unit 12 (P7)** [Prepare to instruct Mat-based Pilates sessions](#)
 - Unit 13 (P8)** [Teach, adapt, modify and progress Mat-based Pilates exercises](#)
 - Unit 14 (P9)** [One to one re-assessment](#)
- [Scope and range](#)

* Core units

Unit 1 (P1): Anatomy and physiology for Pilates

This section covers the following knowledge, which must be delivered in full to the learners:

- General anatomy and physiology knowledge
- The anatomy and physiology of the heart,
- The anatomy and physiology of the lungs
- Circulatory systems in relation to Pilates
- The skeletal system in relation to Pilates
- Joint and joint action
- The muscular system in relation to Pilates
- The nervous system in relation to Pilates
- The digestive system
- The endocrine system
- Posture
- Stabilisation of the body during Pilates

GLH required to deliver and assess this unit: 30 (including 20 FTH)

Knowledge and understanding (you need to know and understand)
General anatomy and physiology knowledge
K1. Relevant anatomical and physiological terminology in the provision of programming
K2. The classification of anatomical planes of movement: frontal, (coronal), sagittal and transverse
K3. The classification of anatomical terms of location: superior and inferior, anterior and posterior, medial and lateral, proximal and distal, superficial deep, Ipsilateral, contralateral, unilateral and bilateral.
K4. The effect of exercise on the body systems (acute/short term and long-term effects)
K5. How to use anatomy and physiology principles in the design of exercise programmes and in providing exercise advice and instruction
The anatomy and physiology of the heart
K6. The location and function of the heart
K7. Structure of the heart and how blood is moved through the four chambers of the heart (pumped and collected)
K8. The purpose of the valves in the heart
K9. The link between the heart, the lungs and the muscles
The anatomy and physiology of the lungs
K10. The location and function of the lungs
K11. Structure of the lungs, the mechanism of breathing (inspiration and expiration) and contraction and relaxation of the muscles involved
K12. The action of the diaphragm and the basic mechanics of breathing including the main muscles involved in breathing
K13. Passage of air through nasal passages, pharynx, larynx, trachea, bronchi, bronchioles, alveoli and capillaries
K14. Gaseous exchange of oxygen and carbon dioxide in the body (to cover internal and external respiration)
K15. How oxygen travels to the muscles via the blood
K16. Relative composition of oxygen and carbon dioxide gases in inhaled and exhaled air and the relationship to aerobic respiration
Circulatory systems in relation to Pilates

K17. Relate the structure and function of the circulatory system and respiratory system to exercise
K18. The systemic and pulmonary circulation to include structure and functions of the arteries, veins and capillaries and how they link to the heart, lungs and muscles
K19. The cardiac cycle
K20. The structure and function of arteries, veins, capillaries and mitochondria
K21. blood pressure and blood pressure classifications
K22. Venous return
K23. Exercise implications of the key cardiovascular and respiratory when working with special populations
K24. The effect of disease processes on the structure and function of blood vessels
The skeletal system in relation to Pilates
<p>K25. The function of the skeleton to include:</p> <ul style="list-style-type: none"> • muscle attachments • levers • protection of internal organs • provides shape • red and white blood cell production • mineral storage
<p>K26. Structure of the skeleton to include:</p> <p>Axial skeleton:</p> <ul style="list-style-type: none"> • cranium • cervical vertebrae • thoracic vertebrae • lumbar vertebrae • sacral vertebrae • sternum • ribs • coccyx • pubis <p>Appendicular skeleton:</p> <ul style="list-style-type: none"> • scapula • clavicle • humerus • ulna • radius • carpals • metacarpals • phalanges • ilium • ischium • femur (include the Greater Trochanter) • patella • tibia • fibula • tarsals • metatarsals
<p>K27. Classification of bones to include:</p> <ul style="list-style-type: none"> • long • short

<ul style="list-style-type: none"> • flat • sesamoid • irregular
<p>K28. Structure of long bone to include:</p> <ul style="list-style-type: none"> • compact and spongy/cancellous tissue, • articular cartilage • epiphysis • diaphysis • periosteum • epiphyseal (growth) plates • bone marrow
<p>K29. Stages of bone growth and the effects of exercise on bones and joints including:</p> <ul style="list-style-type: none"> • the remodelling process and the role of osteoblasts and osteoclasts • the significance of weight bearing exercise, hormones, body weight, calcium, vitamin D and the ageing process • considerations during childhood/adolescence (growing pains, development of peak bone mineral density, common overtraining/overuse injuries) • the effect of pregnancy on joint alignment
<p>K30. The role of tendons, ligaments and cartilage</p>
<p>Joint and joint action</p>
<p>K31. Classification of joints to include:</p> <ul style="list-style-type: none"> • immovable (fibrous) • semi-movable (cartilaginous) • moveable (synovial)
<p>K32. Structure of synovial joints to include:</p> <ul style="list-style-type: none"> • articular cartilage • fibrous capsule • joint/synovial cavity • synovial membrane • synovial fluid
<p>K33. Types of synovial joints and their range of motion to include:</p> <ul style="list-style-type: none"> • gliding • Hinge • ball and socket • pivot
<p>K34. Joint movement potential and joint actions to include:</p> <ul style="list-style-type: none"> • flexion • extension • hyperextension • adduction • abduction • circumduction • supination • pronation • plantar flexion • lateral flexion • horizontal flexion/adduction • horizontal extension/abduction • dorsiflexion • internal/medial • external and lateral rotation

K35. The life-course of the musculoskeletal system, including bone, tendon, ligament and bone mass density changes and its implications when working with special populations
K36. Joint stability, passive and active structures, shock absorption, key joints at risk (spine and shoulder)
K37. The effects of exercise on joints to include: <ul style="list-style-type: none"> • effect of muscle contractions and movements • posture • impact • body weight
K38. Risks of exercise on joints to include: <ul style="list-style-type: none"> • lack of biomechanical efficiency • reduction in transmission of stress • increased risk of injury • increased loading placed on synergists
The muscular system in relation to Pilates
K39. Types, function and basic characteristics of muscle including cardiac, smooth and skeletal
K40. Structure of skeletal muscle (epimysium, fascicle, perimysium, endomysium)
K41. Muscle fibres, including myofibrils, sarcomere, actin, myosin and troponin
K42. Name and location of muscles: <ul style="list-style-type: none"> • pectoralis major • deltoids • biceps • rectus abdominis • obliques • transversus abdominis • trapezius • rhomboids • triceps • latissimus dorsi • erector spinae • hip flexors • quadriceps • adductors • tibialis anterior • gluteals • abductors • hamstrings • gastrocnemius • soleus
K43. The muscular system/muscles building on Level 2, to cover the list below including muscle attachment sites (origin and insertion): <p>Rotator cuff (SITS)</p> <ul style="list-style-type: none"> • supraspinatus • infraspinatus • teres minor • subscapularis <p>Shoulder girdle</p> <ul style="list-style-type: none"> • levator scapulae • pectoralis minor • serratus anterior • trapezius

- rhomboids major/minor
- teres major
- Spinal extensors**
- erector spinae: iliocostalis, longissimus, spinalis
- multifidus
- quadratus lumborum

Hip flexors (iliopsoas)

- iliacus
- psoas major

Deep hip lateral rotators

- gemellus superior
- gemellus inferior
- obturator externus
- obturator internus
- quadratus femoris
- piriformis

Adductors

- magnus
- brevis
- longus
- pectinius
- gracilis
- sartorius

Abductors

- gluteus medius
- gluteus minimus
- piriformis
- tensor fascia latae

Abdominals

- internal and external obliques
- transversus abdominus
- Rectus abdominis

Intercostals

Diaphragm

Pelvic floor muscles

K44. Structure and function of the pelvic floor muscles and associated muscles and ligaments

K45. The principles of muscle action and contraction, to include:

- Muscles cross joints
- muscles only pull
- contraction along the line of fibres
- muscles working in pairs
- concentric/eccentric/ isometric, (static), isokinetic contractions
- the role of antagonistic pairs, prime mover (agonist), antagonist, synergist, stabiliser and fixator

K46. Joint actions brought about by specific muscle group contractions

K47. The principles of muscle contraction stretch reflex and reverse stretch reflex, size principle

K48. Analyse exercises to identify the joint action occurring, and the muscle responsible

K49. Skeletal muscle fibre types and their characteristics slow twitch - Type 1 (slow oxidative) and fast twitch - Type 2a (fast oxidative glycolytic or FOG) and Type 2b (fast glycolytic or FG)

K50. Methods to recognise overuse, underuse, misuse of muscles to include:

- shortening/weakening

<ul style="list-style-type: none"> • altered roles/synergists becoming prime movers
K51. Exercise implications of the muscular system when working with special populations
The nervous system in relation to Pilates
K52. Structure and function of a neuron or nerve cell
K53. The neuromuscular adaptations associated with exercise/training
K54. The benefits of improved neuromuscular coordination/efficiency to exercise performance
K55. How physical activity can enhance neuromuscular connections and improve motor fitness
K56. Motor unit recruitment, inter and intramuscular coordination, neuromuscular coordination
K57. Role and basic functions of the nervous system (central nervous system and peripheral nervous system CNS and PNS)
K58. Neurons, motor units, proprioceptors (muscle spindles and Golgi tendon organs)
K59. Principles of muscle contraction (the stimulation of the nervous system to carry an electrical/nervous impulse to muscle to produce movement)
K60. Motor unit recruitment in relation to strength/force of muscle contraction inter and intramuscular coordination
K61. Describe neuromuscular coordination
K62. An overview of the 'all or none law'
K63. How exercise can enhance neuromuscular connections and improve motor fitness
K64. Exercise implications of the nervous system when working with special populations
The digestive system
K65. The structure and function of the digestive system and the effect of healthy eating on other major body systems
K66. Role of the liver and pancreas in assisting digestion
K67. Timescales for digestion
K68. Importance of fluid for the digestive system
The endocrine system
K69. The structure and function of the endocrine systems and the effects of exercise on the endocrine system
K70. The major glands in the endocrine system
K71. The function of hormones including: <ul style="list-style-type: none"> • growth hormone • thyroid hormones • corticosteroids • catecholamines • insulin • glucagon
K72. The secretion of hormones and hormonal responses
Posture
K73. Curves of the spine

K74. Neutral spine alignment
K75. Potential ranges of motion of the spine
K76. Postural deviations including kyphosis, lordosis, scoliosis. Flatback, swayback and the effect of pregnancy on posture
K77. Reasons and procedures for referring on to an appropriate professional
K78. Muscles associated with stabilisation and mobilisation
K79. The ligaments and muscles of the spine
K80. Procedures/methods used to identify postural deviations
K81. Abnormal degrees of curvature of the spine and their implications to include: <ul style="list-style-type: none"> • medical conditions associated with dysfunctional stabilisation • common spinal disorders
K82. Muscle role changes and imbalances associated with incorrect stabilisation
K83. The relationship between centre of gravity excursions and adiposity on posture deviation
K84. Principles and techniques of flexibility training including Static (passive and active), Dynamic and Proprioceptive Neuromuscular Facilitation
K85. Exercise implications of posture when working with special populations
Stabilisation of the body during Pilates
K86. Appropriate stabilisation exercise activities, such as <ul style="list-style-type: none"> • floor based exercises • exercises using equipment
K87. Functional movement exercises (e.g. balance, stability, flexibility)
K88. The importance of progressive stabilisation exercises
K89. Exercise implications and contraindications of stability when working with special populations

Performance Criteria (you must be able to)
General anatomy and physiology knowledge
P1. Use relevant anatomical and physiological terminology in the provision of programming
P2. Use classification of anatomical planes of movement: Frontal, (coronal), sagittal and transverse in the provision of client advice and programming
P3. Use classification of anatomical terms of location: - Superior and inferior, anterior and posterior, medial and lateral, proximal and distal, superficial and deep in the provision of client advice and programming
P4. Identify the effects of exercise on each of the body systems described in terms of physiological responses (acute/short term and long-term)
P5. Apply knowledge of anatomy and physiology in the design of safe and effective exercise programmes for a range of participants
P6. Describe the exercise implications and contraindications when working with special populations with regards to their anatomy and physiology.
The anatomy and physiology of the heart
P7. Identify the location and describe the function of the heart
P8. Describe the structure of the heart and how blood is moved through the four chambers of the heart (pumped and collected)
P9. Explain the purpose of the valves in the heart

P10. Explain the link between the heart, the lungs and the muscles
The anatomy and physiology of the lungs
P11. Identify the location and describe the function of the lungs
P12. Describe the structure of the lungs, the mechanism of breathing (inspiration and expiration) and contraction and relaxation of the muscles involved
P13. Describe the action of the diaphragm and the basic mechanics of breathing including the main muscles involved in breathing
P14. Describe the passage of air through nasal passages, pharynx, larynx, trachea, bronchi, bronchioles, alveoli and capillaries
P15. Explain gaseous exchange of oxygen and carbon dioxide in the body (to cover internal and external respiration).
P16. Explain how oxygen travels to the muscles via the blood
P17. Explain the relative composition of oxygen and carbon dioxide gases in inhaled and exhaled air and the relationship to aerobic respiration
Circulatory systems in relation to Pilates
P18. Relate the structure and function of the circulatory system and respiratory system to exercise
P19. Describe the systemic and pulmonary circulation to include structure and functions of the arteries, veins and capillaries and how they link to the heart, lungs and muscles
P20. Explain the cardiac cycle
P21. Describe the structure and function of arteries, veins, capillaries and mitochondria
P22. Explain blood pressure and identify blood pressure classifications
P23. Explain venous return
P24. Explain the effect of disease processes on the structure and function of blood vessels
The skeletal system in relation to Pilates
P25. Describe the function of the skeleton (movement, muscle attachments and levers, protection of internal organs, provides shape, red and white blood cell production, mineral storage)
<p>P26. Identify the structure of the skeleton to include:</p> <p>Axial skeleton:</p> <ul style="list-style-type: none"> • cranium • cervical vertebrae • thoracic vertebrae • lumbar vertebrae • sacral vertebrae • sternum • ribs • coccyx • pubis <p>Appendicular skeleton:</p> <ul style="list-style-type: none"> • scapula • clavicle • humerus • ulna • radius • carpals • metacarpals • phalanges • ilium

<ul style="list-style-type: none"> • ischium • femur • patella • tibia • fibula • tarsals • metatarsals
P27. Identify the classification of bones (long, short, flat, sesamoid, irregular)
P28. Describe the structure of long bone (compact and spongy/cancellous tissue, articular cartilage, epiphysis, diaphysis, periosteum, epiphyseal (growth) plates, bone marrow)
P29. Describe the stages of bone growth and the effects of exercise on bones and joints including: <ul style="list-style-type: none"> • the remodelling process and the role of osteoblasts and osteoclasts • the significance of weight bearing exercise, hormones, body weight, calcium, vitamin D and the ageing process • considerations during childhood/adolescence (growing pains, development of peak bone mineral density, common overtraining/overuse injuries) • the effect of pregnancy on joint alignment
P30. Explain the role of tendons, ligaments and cartilage
Joint and joint action
P31. Identify the classification of joints (immovable (fibrous), semi-movable (cartilaginous), moveable (synovial))
P32. Identify the structure of synovial joints (articular cartilage, fibrous capsule, joint/synovial cavity, synovial membrane, synovial fluid)
P33. Explain the types of synovial joints and their range of motion (gliding, hinge, ball and socket, pivot)
P34. Identify joint movement potential and joint actions (flexion, extension, hyperextension, adduction, abduction, circumduction, supination, pronation, plantar flexion, lateral flexion, horizontal flexion, horizontal extension, dorsiflexion)
P35. Relate the type and the structure of joints to joint mobility, joint integrity and risk of injury when planning exercise programmes and providing guidance to clients
P36. Identify factors affecting Joint stability
P37. Identify the effects and risks of exercise on joints
The muscular system in relation to Pilates
P38. Identify the different types of muscles, describe their function and basic characteristics of muscle including cardiac, smooth and skeletal
P39. Identify the structure of skeletal muscle to include: <ul style="list-style-type: none"> • epimysium • fascicle • perimysium • muscle fibres • endomysium • myofibrils • sarcomere • actin • myosin • troponin
P40. Identify the effects of exercise on muscle fibre type
P41. Name and identify the location of muscles: <ul style="list-style-type: none"> • pectoralis major • deltoids

- biceps
- rectus abdominis
- obliques
- transversus abdominis
- trapezius
- rhomboids
- triceps
- latissimus dorsi
- erector spinae
- hip flexors
- quadriceps
- adductors
- tibialis anterior
- gluteals
- abductors
- hamstrings
- gastrocnemius
- soleus

P42. Name and locate the muscular system/muscles including the muscle attachment sites (origin and insertion) of the following:

Rotator cuff (SITS)

- supraspinatus
- infraspinatus
- teres minor
- subscapularis

Shoulder girdle

- levator scapulae
- pectoralis minor
- serratus anterior
- trapezius
- rhomboids major/minor
- teres major

Spinal extensors

- erector spinae: iliocostalis, longissimus, spinalis
- multifidus
- quadratus lumborum

Hip flexors (iliopsoas)

- iliacus
- psoas major

Adductors

- magnus
- brevis
- longus
- pectiniis
- gracilis
- sartorius

Abductors

- gluteus medius
- gluteus minimus
- piriformis
- tensor fascia latae

Abdominals <ul style="list-style-type: none"> • internal and external obliques • transversus abdominus • Rectus abdominis Intercostals Diaphragm Pelvic floor muscles Local/deep, global/superficial muscles
P43. Describe the structure and function of the pelvic floor muscles and associated muscles and ligaments
P44. Explain the principles of muscle contraction stretch reflex and reverse stretch reflex, size principle
P45. Respond to overuse, underuse, misuse of muscle
P46. Describe the principles of muscle action and contraction, to include: <ul style="list-style-type: none"> • Muscles cross joints • muscles only pull • contraction along the line of fibres • muscles working in pairs • concentric/eccentric/ isometric, (static), isokinetic contractions • the role of antagonistic pairs, prime mover (agonist), antagonist, synergist, stabiliser and fixator
P47. Identify which Joint actions are brought about by specific muscle group contractions
P48. Analyse exercises to identify the joint action occurring and the muscle responsible
P49. Explain skeletal muscle fibre types and their characteristics slow twitch - Type 1 (slow oxidative) and fast twitch - Type 2a (fast oxidative glycolytic or FOG) and Type 2b (fast glycolytic or FG)
The nervous system in relation to Pilates
P50. Describe the structure and function of a neuron or nerve cell
P51. Explain the neuromuscular adaptations associated with exercise/training
P52. Identify the benefits of improved neuromuscular coordination and efficiency to exercise performance
P53. Identify how physical activity can enhance neuromuscular connections and improve motor fitness
P54. Describe motor unit recruitment, inter and intramuscular coordination, neuromuscular coordination.
P55. Explain the role and basic functions of the nervous system
P56. Explain the principles of muscle contraction (the stimulation of the nervous system to carry an electrical/nervous impulse to muscle to produce movement)
P57. Describe motor unit recruitment in relation to strength/force of muscle contraction inter and intramuscular coordination
P58. Explain the principle of 'all or none law'
P59. Describe how exercise can enhance neuromuscular connections and improve motor fitness
P60. Describe neuromuscular coordination
P61. Describe neurons, motor units, proprioceptors (muscle spindles and Golgi tendon organs)
P62. Identify how exercise can enhance neuromuscular connections and improve motor fitness
The digestive system
P63. Describe the structure and function of the digestive system and the effect of healthy eating on other major body systems
P64. Describe the role of the liver and pancreas in assisting digestion

P65. Identify timescales for digestion
P66. Explain the importance of fluid
P67. Use knowledge of the structure and function of the digestive system when providing guidance to participants
The endocrine system
P68. The structure and function of the endocrine systems and the effects of exercise on the endocrine system
P69. Identify the major glands in the endocrine system
P70. Identify the function of hormones including: <ul style="list-style-type: none"> • growth hormone • thyroid hormones • corticosteroids • catecholamines • insulin • glucagon
P71. Explain the secretion of hormones and hormonal responses
Posture
P72. Identify the curves of the spine
P73. Identify potential ranges of motion of the spine
P74. Identify possible postural deviations
P75. Identify the muscles associated with stabilisation and mobilisation
P76. Identify the ligaments and muscles of the spine
P77. Describe the effect of exercise on posture
P78. Use correct procedures and methods used to identify postural deviations
P79. Identify muscle role changes and imbalances associated with incorrect stabilisation
P80. Describe the relationship between centre of gravity excursions and adiposity on posture deviation
P81. Describe the impact of stabilisation exercise and the potential for injury and/or aggravation of problems
P82. Describe the principles and techniques of flexibility training
P83. Identify reasons and procedures for referring on to other professionals
Stabilisation of the body during Pilates
P84. Identify appropriate stabilisation exercise activities, such as <ul style="list-style-type: none"> • floor based exercises • exercises using equipment
P85. Identify functional movement exercises (e.g. balance, stability, flexibility)
P86. Explain the importance of progressive stabilisation exercises

Unit 2 CORE (F16): Professional practice and personal career development

This section covers the following knowledge, which must be delivered in full to the learners:

- Structure of the Industry
- Roles and responsibilities
- Continuing professional development (CPD)
- Reflect on teaching practice
- Improve own development and career opportunities
- Personal business acumen

GLH required to deliver and assess this unit: 10 (including 5 FTH)

Knowledge and understanding (you need to know and understand)
Structure of the industry
K1. The structure and roles within the Pilates industry
K2. Industry organisations and their relevance to the Pilates professional
K3. Employment opportunities in different sectors of the industry
Roles and responsibilities
K4. Know roles and responsibilities of self and other professionals involved in the programme including the client to ensure the safety and wellbeing of everyone at all times.
K5. Know why you need to clearly define your role and responsibilities with the client
K6. The importance of presenting a professional and positive image of yourself and your organisation to participants to include: Positive, honest, empowering, personal integrity, respectful of clients and other professionals, motivating, trustworthy, committed, non- judgemental, consistent, personal conduct, role model, how to portray a professional image.
K7. Know when to consult other professionals if clients' needs and expectations go outside your level of competence
K8. Know current national guidelines, legislation and organisational procedures relevant to own role
K9. The professional ethics related to the role of the Pilates instructor to include: Maintaining a professional membership, role boundaries/scope of practice and responsibilities, representation of skills, abilities, and knowledge, interface with other relevant professionals, business practices and professional code of conduct.
K10. The importance of being able to work alone and as part of a team with minimal supervision
K11. The skills and abilities such as adaptability, confidence, team working, problem solving, conscientiousness, efficient time management, ability to plan and prepare own work, ability to identify areas for development, ability to follow instructions.
K12. Ensure compliance with appropriate legislative requirements. Ensure appropriate licenses are in place <ul style="list-style-type: none"> • music • products • broadcasting • public performance
K13. Ensure compliance with appropriate insurance guidelines <ul style="list-style-type: none"> • public liability • personal indemnity
Continuing professional development (CPD)
K14. The importance of reflection and continuing professional development (CPD) in helping you to develop your skills as a Pilates instructor

K15. Appropriate registration systems and their importance
K16. How to keep knowledge and skills up to date: <ul style="list-style-type: none"> • Importance of accessing regular relevant CPD activities • How to access relevant industry-recognised CPD • How to incorporate them into your personal action plan • Keeping up to date with industry trends • Know relevant legislation/policy and guidelines relating to CPD
Reflect on teaching practice
K17. The importance of reflection and continuing professional development in helping to develop client health, fitness and motivation
K18. Review the outcomes of working with clients , their feedback and feedback from other professionals
K19. How to reflect on professional teaching practice, complete self-reflection/evaluation to aid personal development to include: <ul style="list-style-type: none"> • exercise instruction • motivational methods • learning styles of the client • teaching methods • health, safety and welfare of the client
K20. The importance of evaluating performance against a code of conduct or code of ethical practice for instructors
K21. The importance of discussing ideas with other professionals and take account of their views
K22. When to discuss your work with other professionals and take account of their views, reflecting on your own professional practice
Improve own development and career opportunities
K23. Consider career pathways
K24. How to develop a personal action plan that will help you improve your professional practice
K25. The importance of receiving and accepting feedback from other professionals
K26. How to work and interact with other professionals
K27. How to access sources of information on developments in the Pilates industry

Performance Criteria (you must be able to)
Structure of the Industry
P1. Identify the structure and roles within the Pilates industry
P2. Identify industry organisations and their relevance to the Pilates professional
P3. Identify employment opportunities in different sectors of the industry
Roles and responsibilities
P4. Identify roles and responsibilities of self and other professionals involved in the programme including the client
P5. Explain why you need to clearly define your role and responsibilities with participants
P6. Present a professional and positive image of yourself and your organisation to participants and clients
P7. Consult other professionals if participants' needs and expectations go outside your level of competence

P8. Demonstrate skills and abilities such as adaptability, confidence, team working, problem solving, conscientiousness, efficient time management, ability to plan and prepare own work, ability to identify areas for development, ability to follow instructions
P9. Identify professional ethics related to the role of the Pilates instructor
P10. Identify compliance with appropriate legislative and insurance requirements.
Continuing professional development (CPD)
P11. Identify appropriate CPD and registration systems to help support and develop your skills as a Pilates instructor
Reflect on teaching practice
P12. Reflect on professional teaching practice to include:
P13. Discuss ideas with other professionals and take account of their views
P14. Evaluate performance against a code of conduct or code of ethical practice for instructors
P15. Identify key lessons and how to make use of these in the future practice
Improve own development and career opportunities
P16. Identify potential career pathways
P17. Develop a personal action plan that will help improve your professional practice
P18. Identify how to access suitable sources of information to keep you up-to-date with developments in the Pilates industry

Unit 3 CORE (F12): Supporting and educating the client

This section covers the following knowledge, which must be delivered in full to the learners:

- Rapport and communicating with client
- Client consultation
- Conduct health screening
- Supporting participation in regular exercise
- Setting goals
- Client induction

GLH required to deliver and assess this unit: 10 (including 5 FTH)

Knowledge and understanding (you need to know and understand)	
Rapport and communicating with client	
K1.	How to professionally interact with clients and relevant other professionals to include: <ul style="list-style-type: none"> • rapport building with different types of clients ie gender, age, social class, current level of fitness, ethnicity and culture • connecting with people to create a positive experience • adapting communication style to suit client needs • presenting accurate information: e.g. sensitivity, discretion, non-judgemental manner • respect the individuality of the client • language and terms understood by client (simplify technical information)
K2.	The use of effective communication techniques to engage and motivate the client
K3.	The importance of showing sensitivity and empathy to clients and the information they provide
K4.	How to interpret client responses including body language and other forms of behaviour especially when undertaking physical activity
K5.	How to praise and encourage positive behaviour
K6.	How to show genuine interest in the client (remember people's names)
Client consultation	
K7.	Understand the consultation process and own professional role boundaries
K8.	Understand the significance of the consultation as part of the customer experience/customer journey
K9.	The importance of educating the client about the purpose of the consultation and their own role, responsibilities and limitations in providing assistance and clear information about their health and fitness (scope of practice)
Conduct health screening	
K10.	Understand the purpose and content of basic health screening questionnaires/lifestyle questionnaire and what may happen if health screening information is not collected and correctly processed
K11.	The purpose and importance of Informed consent
K12.	Risk stratification models and when to signpost or refer a client to other professionals and/or medical professionals: <ul style="list-style-type: none"> • How to risk stratify clients • Clear understanding of the absolute contraindications to exercise and factors that indicate that a client is at low, medium or high risk of an adverse event occurring during exercise/propensity for risk • Recognised tools (Irwin and Morgan traffic light system/other national/international evidence-based tools, national/locally agreed protocols/referral/care pathways)

<ul style="list-style-type: none"> • Relevant health history, current health status, particularly in relation to risk factors for heart disease • The identification of medical conditions that would necessitate medical clearance or referral to an appropriate medical professional or other clinician or medically supervised exercise programme, past and present injuries and disabilities
K13. Know the legal and organisational procedures for the collection, use, storage and disposal of personal client information
K14. Know methods of recording information in a way that will help with analysing it
K15. Know different types of information which can be collected from clients and methods of collection
K16. The importance of gaining client feedback to ensure they understand the reasons for the collection of information and how it will be used
Supporting participation in regular exercise
<p>K17. Components of a healthy lifestyle and factors that affect health and wellbeing to include:</p> <ul style="list-style-type: none"> • smoking • alcohol • nutrition • physical activity levels • weight management • rest and relaxation • stress (signs, symptoms, effects and management) • work patterns/job, • relevant personal circumstances, • posture
K18. The importance of clarifying own role, the client's role and responsibilities and those of any other professionals involved in the client's programme .
K19. The recommended amount of exercise and physical activity
K20. The perceived benefits clients can expect from a Pilates exercise programme
K21. Know how to manage the expectations of clients related to their participation in exercise
K22. Know typical contraindications to physical activity and how to respond to these
<p>K23. Know and understand different behaviour change approaches/strategies to encourage adherence to exercise/physical activity to include:</p> <ul style="list-style-type: none"> • stages of change/trans-theoretical model of behaviour change Prochaska and Di Clemente • goal setting • social support • problem-solving • reinforcement strategies • self-monitoring • motivational methods
<p>K24. Clients incentives and barriers to participate in exercise, including:</p> <ul style="list-style-type: none"> • influencing factors • category of client • stage of fitness • personal • programme • environment • social
Setting goals
K25. Know ways to identify the typical goals and expectations that clients have

K26. Know why it is important to base goal setting on proper analysis of clients' needs
K27. Know how to analyse and interpret collected information so that client needs and goals can be identified
K28. Know how to work with clients to agree SMART goals linked to their individual needs, wants and motivators
Client induction
K29. How to conduct safe and effective inductions with clients , to cover etiquette, rules, booking systems, late arrival policy and cancellation of classes and sessions policies
K30. The importance of being accountable and take responsibility for clients

Performance Criteria (you must be able to)
Rapport and communicating with client
P1. Demonstrate the use of effective communication techniques to engage and motivate participants
Client consultation
P2. Complete an effective one to one client consultation within own professional role boundaries and know how and when to refer to other professionals as appropriate
Conduct health screening
P3. Demonstrate ability to perform effective health screening of 121 client , using correct processes and paperwork
P4. Demonstrate use of a risk stratification models
P5. Demonstrate the industry standards and practices for the collection, use, storage and disposal of personal client information
P6. Record information in a way that will help with analysing it
P7. Gain client feedback to ensure they understand the reasons for the collection of information and how it will be used
Supporting participation in regular exercise
P8. Educate clients on the components of a healthy lifestyle:
P9. Clarify own role, the client's role and responsibilities and those of any other professionals involved in the client's programme .
P10. Recognise personal barriers to exercise and use strategies to overcome them.
P11. Provide the client with information about the recommended amount of exercise and physical activity
P12. Explain the perceived benefits clients can expect from following a Pilates programme
P13. Identify typical contraindications to physical activity and respond to these accordingly
Setting goals
P14. Analyse and interpret collected information so that client needs and goals can be identified
P15. Agree with client SMART goals linked to their individual needs, wants and motivators
Client induction
P16. Conduct a safe and effective induction with the client
P17. Conduct a safe and effective induction with client/participants

Unit 4 CORE (F14): Provide customer service

This section covers the following knowledge, which must be delivered in full to the learners:

- Provide customer service to clients
- Respond to client complaints

GLH required to deliver and assess this unit: 5 (including 5 FTH)

Knowledge and understanding (you need to know and understand)	
Provide customer service to clients	
K1.	A typical client's journey in a Pilates environment
K2.	The importance of client care both for the client and the organisation
K3.	The basic principles of customer service to include: <ul style="list-style-type: none"> • how to welcome and receive the customer • the need and how to be service oriented • how to be open and friendly all the time • how to approach and respond to customers in a positive way • present yourself in a professional and approachable manner • how to ensure client satisfaction • how to provide support to the client • techniques to meet client requirements and requests • how to provide alternative customer service solutions if necessary • personal and interpersonal factors and their influence on customer service • how to provide on-going customer service to clients • how to engage with clients during exercise
K4.	The importance of valuing equality and diversity when working with clients
Respond to client complaints	
K5.	Different methods to obtain client feedback and channels of recording and reporting in line with organisational procedures to support membership retention
K6.	How to recognise client dissatisfaction promptly and take action to resolve the situation effectively
K7.	The importance of handling client complaints positively, sensitively and politely

Performance Criteria (you must be able to)	
Provide customer service to clients	
P1.	Identify a typical client journey in a Pilates environment
P2.	Explain the importance of client care both for the client and the organisation
P3.	Identify the basic principles of customer service
P4.	Use effective customer care skills when working with clients/participants'
P5.	Value equality and diversity when working with clients
Respond to client complaints	
P6.	Identify different methods to obtain client feedback and channels of recording and reporting to support membership retention
P7.	Describe techniques of handling clients' queries and complaints

Unit 5 CORE (F17): Adaptations, modifications and contraindications for special populations

This section covers the following knowledge, which must be delivered in full to the learners:

- Professional role boundaries in relation to special populations
- Antenatal and postnatal women
- Older adult
- Disabled clients
- Young people
- Duty of care
- Safeguarding children and vulnerable adults

GLH required to deliver and assess this unit: 15 (including 5 FTH)

Knowledge and understanding (you need to know and understand)	
Professional role boundaries in relation to special populations	
K1.	Understand professional role boundaries when working with special populations and that this qualification does not qualify instructors to: <ul style="list-style-type: none"> • be a specialist instructor in the area, or advertise as such • instruct special population clients, 1:1 or in groups, on a regular and/or frequent progressive basis • plan a progressive, long-term special populations physical activity programme
K2.	The base knowledge required to enable an instructor to accommodate appropriately screened an asymptomatic** special population clients within a mainstream studio, aqua or gym exercise session on an occasional basis. **Asymptomatic is the term used by the American College of Sports Medicine/American Heart Association (ACSM/AHA) to denote the absence of any of the specified key symptoms of disease (that are considered to put an individual at risk of an adverse event related to participation-during or following-exercise) identified in the Physical Activity Readiness Questionnaire (PARQ) and AHA/ACSM pre-exercise screening tools.
K3.	The importance of informing clients that they do not have the specialised qualification and training in the adaptation of exercise for special populations and only possess basic knowledge regarding recommended guidelines
K4.	The importance of giving clients the choice to stay in the session and follow the basic recommended guidelines and/or seek further guidance from an appropriate special populations qualified instructor
K5.	When Instructors find themselves frequently working with special population clients , the importance of obtaining the relevant qualification/s, and how failure to do so could render them in breach of their duty of care
K6.	How to ensure insurance policies covers their instruction, however brief, of special population clients
K7.	How to give guidance to encourage special population clients to follow the key safety guidelines and to discourage them from anything deemed to be potentially hazardous/contra-indicated to enable them to take part in sessions
Antenatal and postnatal women	
This information relates only to normal, healthy, adult women experiencing a normal, healthy, single pregnancy, or who have had a normal, healthy birth, and who have had previous normal, healthy pregnancies and births. Postnatal refers to a woman up to 12 months after birth.	
K8.	Brief overview of the changes to the body systems during antenatal and postnatal period, to include: <ul style="list-style-type: none"> • general changes to the cardiovascular system • impact of hormones • changes to musculoskeletal system (including bones and joints)

K9. Why in most cases exercise is safe for both mother and baby.
K10. Why exercise at appropriate intensity for the client concerned is not associated with adverse pregnancy outcome
K11. Guidelines for women who have not exercised prior to pregnancy
K12. The importance for the pregnant to: <ul style="list-style-type: none"> • maintain adequate hydration during exercise • avoid exercising in very hot or humid conditions • consume adequate calories • restrict exercise sessions to no longer than 45 minutes
K13. The best method for monitoring heart rate and exercise intensity during pregnancy <ul style="list-style-type: none"> • women should be advised to exercise according to how they are feeling and encouraged to use the talk-test to monitor appropriate, individual intensity
K14. The main ccontraindications for pregnant and postnatal clients and movements to avoid during exercise: <ul style="list-style-type: none"> • exercising in the supine position after 16 weeks of pregnancy • inclined position is also unlikely to be a successful alternative to flat supine • exercising prone • prolonged, motionless standing • overhead resistance exercise • leg adduction and abduction against a resistance • isometric exercises • loaded forward flexion • rapid changes of direction or position • uncontrolled twisting • exercise with a risk of falling or abdominal trauma • excessive and uncontrolled de-stabilisation techniques • impact • rapid, ballistic or aggressive movements • sit up', 'crunch' or 'oblique cross-over' type exercises
K15. The reasons pregnant women should stop exercising immediately if they experience: <ul style="list-style-type: none"> • dizziness, faintness or nausea • bleeding or leakage of amniotic fluid • abdominal or contraction type pain • unexplained pain in the back, pelvis, groin, buttocks or legs • excessive shortness of breath, chest pain or palpitations
K16. The hormonal and postural changes that can make pregnant and postnatal women vulnerable to injury during exercise: <ul style="list-style-type: none"> • joint misalignment • muscle imbalance • motor skill decline (especially if they are genetically hypermobile) • stability • transversus abdominis muscle recruitment • pelvic floor muscle function
K17. The timeline that these changes in hormones may start (from very early on in pregnancy and gradually become more significant as pregnancy progresses)
K18. The effects of high intensity or impact exercise on the pelvic floor during and after pregnancy
K19. Certain conditions that have elevated risk during the first weeks post birth such as: <ul style="list-style-type: none"> • air embolism • thrombosis • haemorrhage

K20. The importance of waiting until the women has the postnatal 6 to 8 week check before beginning exercising post birth and/or have received the permission of their health care professional
K21. The importance of re-educating posture and joint alignment with postnatal clients
K22. Linea Alba separation and the effects on the rectus abdominis for at least 12 months postnatal
K23. Suitable and non-suitable exercises for the abdominal, obliques, lower back and pelvic floor during pregnancy and postnatal
K24. Common changes to postural alignment in pregnant and postnatal to include: <ul style="list-style-type: none"> • forward flexed with shoulder girdle protraction • thoracic kyphosis • long weak upper back extensors • short tight pectoral muscles • prone to neck and shoulder pain
K25. Why a woman should be referred to a health professional if she is experiencing any of the following symptoms post birth: <ul style="list-style-type: none"> • stress incontinence or pelvic floor muscle weakness • 'dragging' pain or a feeling of heaviness in the lower abdominal or pelvic floor area • groin, low back pain or difficulty walking, even if mild and intermittent • abdominal muscle weakness • excessive abdominal doming • abdominal muscle separation or softness/sinking at the umbilical mid-line • umbilical hernia
K26. Why babies should not be used as resistance or a weight for exercise and why they should be excluded from the exercise area
K27. Why pregnant women may be vulnerable to nausea, dizziness and fainting, and the importance for instructors to ensure they hold up to date first aid skills
Older adult This guidance relates to clients aged 50 and over.
K28. Brief overview of the changes to the body systems in an older adult, to include: <ul style="list-style-type: none"> • general changes to the cardiovascular system • impact of hormones • changes to musculoskeletal system (including bones and joints)
K29. 50 is the current internationally recognised age at which there is significant reduction in the safety margins relating to exercise and when pre-exercise screening is essential to ensure exercise professionals meet their duty of care. These best practice guidelines are for 50+ participants who: <ul style="list-style-type: none"> • are asymptomatic (i.e. determined by the pre-exercise completion and interpretation of one of the two recommended 50+ pre-exercise Screening Tools namely: Revised PARQ (PARQ-R) or the AHA/ACSM Health/Fitness Facility Pre-participation Screening Questionnaire) • have little or no recent and frequent experience of the particular exercise modality
K30. Why relaxation of these guidelines for highly trained, recently and frequently, physically active asymptomatic individuals in a particular exercise modality is at the client's own risk
K31. Why an instructor needs to be mindful that regardless of the older adult's fitness levels and outward appearance, the ageing process is underway and the effects this can have on their body
K32. That 40 is the approximate age at which the ageing process begins and 50 is the age at which the progressive losses in the musculoskeletal/cardiovascular/neuromuscular systems means that adaptation of exercise needs to be considered
K33. Highly trained individuals in the 50+ age range are a very small and elite group accounting for approximately 1% of the 50+ population
K34. Ageing is not a disease. It is a natural, universal, complex and highly individual process characterised by progressive losses and declines in the function of most physiological and psychological systems and impacts on fitness and safety during exercise. Eventually these losses lead to increased frailty and inability to respond to stress and disease

K35. Functional status at any age depends not only on our age but also on our rate of ageing, health, gender, lifestyle (including our physical activity levels), behaviour and socio-economic influences
K36. Why potentially serious disease is increasingly prevalent with increasing age
K37. For most older adults, activity levels remain low or decrease with increasing age
K38. The losses in each of the body systems (NB from the age of 40) result in a corresponding loss of 1-2% loss per year in physical capacity in: <ul style="list-style-type: none"> • muscular strength (fewer, smaller and weaker fibres) • power (fewer fast twitch, smaller, weaker and slower) • bone density (thinner, more brittle bone and less ability to withstand fracture) • aerobic endurance (fewer capillaries, less elastic vessels and reduced intake, uptake and utilisation of oxygen) • balance and co-ordination (less sensory input and less postural stability, co-coordinated and less ability to prevent a trip turning into a fall) • flexibility • agility • mobility and transfer skills (stiffer joints, reduced range and ease of movement and less ability to perform activities of daily living (ADLs) such as getting up and down from floor, chairs safely etc.)
K39. The sensory declines including: <ul style="list-style-type: none"> • reduced motor learning (slower motor learning) • reduced visual and aural acuity (sight and hearing difficulties)
K40. The cognitive declines including: <ul style="list-style-type: none"> • poorer short term memory
K41. The recommendations for all clients over the age of 50 to complete a pre-exercise health screening questionnaire (PARQ-R or AHA/ACSM) to establish whether they are asymptomatic and ready to participate or whether they should seek further medical assessment prior to participating in an exercise programme
K42. The importance of spend longer warming up and warming up more gradually than younger clients (i.e. to ensure a total of 15 minutes)
K43. The importance of including mobility exercises in the session such as moderate shoulder circles before increasing the shoulder range of movement (ROM) and progressing to arm circles
K44. Why clients should be encouraged to take responsibility for additional warm ups themselves, such as by walking to the session or by coming early and warming up before the session
K45. The importance of building in a longer, more gradually tapered ending to the session
K46. How to keep the intensity of all training components to a challenging but health related level, that is, without pain or strain and within their individual 'personal best training zone'
K47. The benefits of using the talk-test and educating clients on the use of the RPE scale as a means of monitoring and regulating exercise intensity, as required (NB it should be challenging)
K48. In addition, where appropriate, instructors should encourage 50+ clients to: <ul style="list-style-type: none"> • ensure correct technique as it is even more important for injury prevention with this client group • take more time during transitions, such as floor to standing etc. • simplify exercise; when correct technique cannot be maintained and risk is increased, such as when any weight bearing steps involving laterally crossing one leg over the other (as in grapevine) are included in a group session • break down moves into stages to prevent dizziness • learn new exercises with the easiest position and/or the lightest resistance and progress slowly initially
K49. Why the instructor should use their professional judgement (including the client's current physical activity history) before giving suitable alternatives
K50. Why to avoid contraindicated exercises such as: <ul style="list-style-type: none"> • extreme spinal flexion • extension in the neck area, supported head if needed

Disabled clients
K51. Why many disabled clients experience barriers to accessing sufficient physical exercise to include psychological, physical or social barriers
K52. How regular and planned physical activity in a safe and supportive environment may not only help disabled clients in the same range of ways as for non-disabled clients, but it may also: <ul style="list-style-type: none"> • reduce the risk of gaining additional disabling conditions • improve the ability to perform activities of daily living that might previously have been difficult • maintain or even improve independence
K53. Why it is unlawful to: <ul style="list-style-type: none"> • refuse to serve a disabled person • provide a lower standard of service • offer a less favourable service to a disabled person
K54. What disable refers to - a person has a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities
K55. The legal requirements of service providers: <ul style="list-style-type: none"> • they must make 'reasonable adjustments' to their facilities and services so that they are accessible to disabled people • Adjustments to buildings and services must be made in expectation of attendance by disabled people; it is not reasonable for disabled people to be asked to wait until adjustments have been made • This may include providing extra help when required, but does not include automatically providing an additional service that is not required • Exemption is justified for the following reasons: <ul style="list-style-type: none"> – if by meeting the needs of the disabled person the health and safety of any person, including the disabled person, is endangered – if by serving the needs of the disabled person the service provider is unable to serve others (not including a delay or inconvenience to others) – if the disabled person is unable to enter into a legally enforceable agreement, or give informed consent – if providing a service to disabled people on the same terms as to other people means that it would not be possible to offer the service at all, or if a higher charge would have to be made to others
K56. Where to find guidance and support for operators interested in welcoming disabled people into their facilities, and to disabled people interested in getting active
Young people
This guidance relates to the provision of safe exercise instruction to young people in a gym and studio environment (aged 14 to 17)
K57. Brief overview of the changes to the body systems during adolescences, to include: <ul style="list-style-type: none"> • general changes to the cardiovascular system • impact of hormones • changes to musculoskeletal system (including bones and joints)
K58. Adolescence is characterised by dramatic physical, cognitive, social and emotional changes. These changes, along with the young person's growing independence, search for identity, concern with appearance, need for peer acceptance and active lifestyle, can significantly affect their mental and physical activity behaviours
K59. The importance of understanding how the impact of exercise participation on the young person both now and in the future will greatly depend on how psychological and physiological changes are managed by the individual and others
K60. If there is any doubt over the suitability of the environment , equipment and training for young people then instructors should contact a fully qualified children's physical activity instructor
K61. Physiological safety considerations:

<ul style="list-style-type: none"> • a Pilates environment is typically designed with an adult in mind; therefore, certain elements may not be suitable until an individual reaches physical maturity. • emphasise the importance of variety within a session. it is extremely important to avoid excessive training. these include too much of one form of exercise, participating in the wrong class for their body type • inappropriate size matching in pairs should be avoided • the appropriate equipment for the activity (correct size, weight etc.) should always be provided
K62. Psychological safety considerations - it is important to remember that psychological symptoms/difficulties often go hand in hand with growing up. It is extremely important that a qualified children's physical activity instructor is consulted if any situations causing concern arise
K63. Why instructors should be aware of the lack of mental ability of some young people to cope with the psychological and physiological changes they are undergoing, especially if they are considerably bigger or smaller than the rest of their peer group. This may lead to low self-esteem or other psychological problems
K64. Why instructors should be aware that psychological changes in young people could lead to bouts of teenage depression, social issues (such as violence), smoking and drugs, eating disorders and even over-training
K65. How to use effective communicate methods with both young people and parents to ensure an intelligent and safe session is followed. Simple language that is jargon free and not overly technical needs to be used
K66. The importance of implementing etiquette and rules from the onset (young people need clear guidelines of expected behaviour)
K67. Why it is important to identify common ground to build rapport and trust with young people but remain within the guidelines of safeguarding children
K68. The importance of a youth specific PAR-Q and needs analysis to accommodate the young people who sign up to use the facilities (this should be done by a qualified children's physical activity instructor). The terminology used in a youth specific PAR-Q needs to be client friendly to ensure they understand the questions asked. The PAR-Q and etiquette/rules will need to be signed for by their parent or guardian, if they are under the age of 16, to allow access into the gym prior to their first session
<p>K69. Understand your scope of practice:</p> <ul style="list-style-type: none"> • if an instructor does not hold a children's physical activity qualification, then they should not instruct young people to lift weights • free-weight exercises including dumbbells, barbells and cables require a significant amount of knowledge and experience with regards to postural alignment and engaging a neutral spine; therefore, these exercises must be guided under and provided by a qualified children's physical activity instructor to encourage and develop solid basic skills • ultimately the most effective form of resistance training could cause the most harm if not supervised correctly by an experienced children's physical activity instructor
<p>K70. Guidelines for flexibility training in young people:</p> <ul style="list-style-type: none"> • Caution should be taken when teaching any stretch exercise especially when young people are in a growth spurt. These are really vulnerable times and there is an increased injury risk as the soft tissue around the joints is already stretched as muscle growth does not keep up with bone growth rates • Flexibility classes, for example yoga, need to be taught with caution especially with young people who are in their growth spurt. Adapted exercises may need to be applied if the young person complains of any discomfort or pain during certain exercises • Some young people will not have gained sufficient motor skills to develop their flexibility with good technique and therefore risk injury by not understanding stretching to the point of 'mild tension'. Terminology and understanding needs to be adapted to ensure young people understand the given task
<p>Duty of care</p>

K71. The Safeguarding of Children and Vulnerable Adults - with young people training within a Pilates environment , the instructor is in 'loco parentis' in this situation and it is their responsibility to ensure the individuals are using the correct and suitable equipment according to their stature and mental capacity. In legal terms this is known as Duty of Care. If during a liability claim procedure it was found that an accident occurred on a piece of equipment that was unsuitable for the end-user, then the instructor and his/her employer would be held jointly responsible and therefore be deemed negligent
K72. Why duty of care applies to all clients (it is the obligation to exercise a reasonable level of care towards an individual, to avoid injury to that individual or his/her property)
K73. How duty of care and liability with regard to a breach in duty of care is based upon the relationship between the parties, the negligent act or omission and whether the loss to the individual was reasonably foreseeable
K74. Examples of how a negligent act is an unintentional but careless act which results in loss
K75. Why duty of care is said to be greater when working with vulnerable adults
K76. The definition of a vulnerable adult is defined by the UK government as 'a person aged 18 years or over, who is in receipt of or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'
K77. Why instructors have a greater duty of care to vulnerable clients and any client undergoing a 'special' physiological lifespan process that puts them at greater risk of an exercise related event, such as childhood, ageing, ante and postnatal
Safeguarding children and vulnerable adults
K78. Health and safety requirements for safeguarding and protecting participants
K79. Ways of assessing and controlling risks using legal and organisational procedures
K80. Examples of procedures for safeguarding and protecting participants and why you should adhere to these at all times
K81. The values or codes of practice relevant to the work you will carrying out (the Exercise and Fitness Code of Ethical Practice) and their importance
K82. The responsibilities and limitations of an instructor and the importance of demonstrating safeguarding behaviour at all times; this includes: <ul style="list-style-type: none"> • acting as a role model • adhering to the policies and procedures • adhering to the code of practice • always wearing uniform and/or name badge if one is provided • understanding and acting upon their responsibilities • recognising the need to protect the rights of participation, for fun, enjoyment and achievement for all • reporting any suspected abuse to the safeguarding and protection officer or senior manager • responding to cases of abuse in a responsible manner • working in an open environment
K83. The types of abuse which an instructor may encounter - Abuse can take on many forms, but it can be broadly separated into five categories: <ul style="list-style-type: none"> • physical • emotional • sexual • bullying • neglect
K84. The statutory agencies responsible for safeguarding in your area

Performance Criteria (you must be able to)
Professional role boundaries in relation to special populations
P1. Identify the boundaries when working with special populations in a normal exercise setting
P2. Explain an asymptomatic special population client
P3. Give the client the choice to stay in the session and follow the basic recommended guidelines and/or seek further guidance from an appropriate special populations qualified instructor if the Pilates instructor is not trained in these specific areas.
P4. Explain why Instructors who find themselves frequently working with special population clients may be in breach of their duty of care if they do not hold the suitable qualifications
P5. Identify how to ensure insurance policies covers their instruction, however brief, of special population clients
P6. Identify how to give guidance to encourage special population clients to follow the key safety guidelines and to discourage them from anything deemed to be potentially hazardous/contraindicated to enable them to take part in sessions .
Antenatal and postnatal women
P7. Identify the changes to the body systems during antenatal and postnatal period,
P8. Identify relevant guidelines for women who have not exercised prior to pregnancy
P9. Identify relevant exercise guidelines for pregnant women during exercise
P10. Identify relevant exercise guidelines for postnatal women up to 12 months after childbirth
P11. Identify the main contraindications for pregnant and postnatal and movements to avoid during exercise
P12. Identify the reasons pregnant women should stop exercising
P13. Identify conditions that may have elevated risk during the first weeks post birth
P14. Describe the importance of re-educating posture and joint alignment with postnatal clients
P15. Explain Linea Alba separation and the effects on the rectus abdominis
P16. Identify common changes to postural alignment in pregnant and postnatal
P17. Identify reasons why a postnatal woman should be referred to a health professional
P18. Explain why babies should not be used as resistance or a weight for exercise and why they should be excluded from the exercise area
Older adult
This guidance relates to clients aged 50 and over
P19. Identify the changes to the body systems in the older adult
P20. Explain why the older adult's fitness levels and outward appearance, may not be true indicators to their fitness ability
P21. Describe the main considerations for changes to the musculoskeletal/cardiovascular/neuromuscular systems
P22. Outline the main losses in each of the body systems for an older client
P23. Outline the main exercise guidelines for programming for an older client
P24. Explain the benefits of using the talk-test and educating clients on the use of the RPE scale as a means of monitoring and regulating exercise intensity
P25. Identify any contra-indicated exercises for older clients
Disabled clients
P26. Explain why disabled clients may encounter barriers to regular physical activity

P27. Identify the benefits of exercise to most disabled clients
P28. Describe the law in relation to the disable client's ability to use a Pilates environment
P29. Identify where to find guidance and support for operators interested in welcoming disabled people into their facilities, and to disabled clients interested in getting active
Young people This guidance relates to the provision of safe exercise instruction to young people in a gym and studio environment (aged 14 to 17)
P30. Identify the changes to the body systems during adolescence, to include: <ul style="list-style-type: none"> • general changes to the cardiovascular • impact of hormones • changes to musculoskeletal system (including bones and joints)
P31. Explain a Pilates studio environment may not be a suitable place for a young person to exercise
P32. Identify the physiological and psychological implications of working with young people
P33. Describe your scope of practice when programming exercise for young people
P34. Outline the general guidelines for programming exercise for young people
P35. Describe how to effectively communicate with both young people and parents to ensure an intelligent and safe session is followed
P36. Explain the importance of implementing etiquette and rules from the onset
P37. Identify the information that should be collected on a youth specific PAR-Q and needs analysis
Duty of care
P38. Describe loco parentis in regards to working with young adults and vulnerable adults
P39. Explain duty of care and neglect and how it applies to all your clients
Safeguarding children and vulnerable adults
P40. Explain how to safeguard children, young adults and vulnerable adults who may use your facilities
P41. Explain the responsibilities and limitations of an instructor with regards to safeguarding
P42. Identify the statutory agencies responsible for safeguarding in your area

Unit 6 CORE (F15): Health, safety and welfare

This section covers the following knowledge, which must be delivered in full to the learners:

- Maintain a healthy and safe environment
- Assessing and controlling risks
- Organisational procedures
- Deal with accidents, injuries signs of illness and emergency

GLH required to deliver and assess this unit: 15 (including 5 FTH)

Knowledge and understanding (you need to know and understand)	
Maintain a healthy and safe environment	
K1.	National and local, legal and organisational procedures for health and safety relevant to working in a Pilates environment , could include: <ul style="list-style-type: none"> • health and safety policies • Safeguarding • manual handling • control of substances hazardous to health • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations • First Aid regulations • Emergency Action Plan (EAP) • hazard identification • health, hygiene and cleaning • personal safety • reporting procedures
K2.	How to access up to date health and safety information to carry out all work tasks safely and responsibly
K3.	Legislative rights and responsibilities for workplace health and safety
K4.	How to maintain the safety of the participants involved
Assessing and controlling risks	
K5.	Definition of hazards and how they can be identified, isolated, eliminated or minimised
K6.	Know and understand ways of controlling risk in the Pilates environment to include: <ul style="list-style-type: none"> • dealing with the hazard personally • reporting the hazard to the relevant colleague • protecting others from harm
K7.	How to identify likely hazards in the exercise environment and programme and assess the risks of these hazards, to include: <p>Environment factors which can affect the health and safety of the instructor and client</p> <ul style="list-style-type: none"> • premises - surfaces • staff • customers • behaviour, attitudes, needs • equipment <p>Operations which can affect the health and safety of the instructor and client:</p> <ul style="list-style-type: none"> • between staff, client, equipment and premises • activities in the programme • other activities happening at the same time • client assessment methods
K8.	Carry out risk assessments and minimise risk within the Pilates setting: <ul style="list-style-type: none"> • demonstrate a duty of care to clients

<ul style="list-style-type: none"> • client safety and wellbeing • legal responsibilities • compliance with national • health and safety policies • ethics and professional • conduct
<p>K9. How to implement risk management procedures required to minimise risk within the exercise setting:</p> <ul style="list-style-type: none"> • systems for identifying, assessing, reviewing and minimising risk • systems for logging action • systems for informing staff of risk management procedures and health and safety requirements • industry and national guidelines for normal operating procedures • supervision • systems for informing participants of facility rules, correct use of services and equipment and health and safety requirements • systems for maintenance of equipment and facilities • breaches in risk management procedures/health and safety • maintenance of risk management/health and safety records
<p>K10. How to identify any new risks during a session and take action to control these in line with national guidelines</p>
<p>K11. Know why it is important to get advice from a relevant colleague if unsure about hazards and risks in the workplace</p>
<p>Organisational procedures</p>
<p>K12. Why health, safety and welfare are important in a Pilates environment</p>
<p>K13. Typical safety issues in the Pilates environment which may include:</p> <ul style="list-style-type: none"> • environmental conditions • slippery surfaces • manual handling and lifting • body fluids • fire • noise, light and energy sources • faulty electrical equipment • faulty equipment • vehicles
<p>K14. The persons responsible for health and safety in a general Pilates environment and their role, could include:</p> <ul style="list-style-type: none"> • supervisors • managers • team leaders
<p>K15. Manufacturers' guidelines for set up, maintenance and servicing and instructions for the use of facilities and equipment and where to locate them</p>
<p>K16. The health and safety implications of assembly, dismantling, maintaining hygiene and storage of equipment</p>
<p>K17. The importance of storage plans and how to create one</p>
<p>K18. Key health and safety policies, legal and organisational procedures and documents</p>
<p>K19. Know why it is important to make suggestions about health and safety issues and how to do so</p>
<p>K20. The principle uses and suitability of a range of cleaning substances relevant to the Pilates environment e.g. anti-bacterial spray</p>

Deal with accidents, injuries signs of illness and emergency
K21. The types of accidents, injuries and illnesses that may occur in the Pilates environment
K22. How to deal with accidents, injuries and illnesses according to legal and organisational procedures
K23. Ensure first aid equipment meets health and safety guidelines and is present and functional
K24. Know how to decide whether to contact the on-site first aider or immediately call the emergency services
K25. Know the procedures to follow to contact the emergency services
K26. How to carry out your role whilst following emergency procedures
K27. Know the roles that different staff and external services play during an emergency
K28. How to maintain the safety of the participants involved in an emergency
K29. The legal and organisational procedures of your organisation for reporting an emergency
K30. How to show a responsible attitude to the care and safety of participants within the Pilates environment and in planned activities ensuring that both are appropriate to the needs of the clients
K31. The importance of adequate and appropriate liability and indemnity insurance in place to protect their clients and any legal liability arising.

Performance Criteria (you must be able to)
Maintain a healthy and safe environment
P1. Identify national and local, legal and organisational procedures for health and safety relevant to working in a Pilates environment
P2. Identify how to access up to date health and safety information to carry out all work tasks safely and responsibly
P3. Describe legislative rights and responsibilities for workplace health and safety
P4. Maintain the safety of the participants involve
P5. Demonstrate manual handling during role as an instructor
Controlling risks
P6. Identify likely hazards in the Pilates setting
P7. Carry out risk assessments and minimise risk within the exercise setting
P8. Demonstrate how to implement risk management procedures required to minimise risk within the Pilates setting
P9. Identify any new risks during a session and take action to control these in line with national guidelines
P10. Get advice from a relevant colleague if unsure about hazards and risks in the workplace
Organisational procedures
P11. Explain why health, safety and welfare are important in a Pilates environment
P12. Identify the persons responsible for health and safety the Pilates environment
P13. Identify the health and safety implications of correct assembly, dismantling, maintaining hygiene and storage of equipment.
P14. Create a storage plan for studio equipment
P15. Identify key Health and safety policies, legal and organisational procedures and documents which may be used in the Pilates environment.
P16. Identify and report unsafe work practices

P17. Address safety issues within the limits of own role and responsibility
P18. Demonstrate suitable use of appropriate cleaning substances
Deal with accidents, injuries signs of illness and emergency
P19. Outline how to deal with accidents, injuries and illnesses according to organisational procedures , including when to call for emergency services as the involvement of other professionals
P20. Check suitable first aid equipment is available in the Pilates environment
P21. Describe how to maintain the safety of the participants involved in an emergency
P22. Identify the legal and organisational procedures for reporting an emergency
P23. Demonstrate a responsible attitude to the care and safety of participants within the Pilates environment
P24. Explain how to ensure adequate and appropriate liability and indemnity insurance is in place

Unit 7 (P2): Principles of exercise and programming for Pilates

This section covers the following knowledge, which must be delivered in full to the learners:

- Lifestyle and health promotion
- The components of fitness
- The principles of progression
- Biomechanical concepts
- Muscular strength and endurance
- Stretch theory

GLH required to deliver and assess this unit: 30 (including 15 FTH)

Knowledge and understanding (you need to know and understand)	
Lifestyle and health promotion	
K1.	The relevant physical activity guidelines for different ages and dose-response relationship including appropriate exercise activity required for health benefits and fitness benefits
K2.	General benefits of physical activity to include: <ul style="list-style-type: none"> • reduced blood pressure • improved body composition • reduced risk of certain diseases including: <ul style="list-style-type: none"> – coronary heart disease (CHD) – some cancers – Type 2 Diabetes, hypertension – Stroke – Obesity – musculoskeletal conditions – Osteoporosis
K3.	Psychological benefits such as: <ul style="list-style-type: none"> • reduced risk of stress, • mental health problems • depression • anxiety
K4.	The agencies involved in promoting physical activity for health in their home country
K5.	Understand where to find credible information sources and research methods, and the importance of evidence-based practice
K6.	Know the range of relevant exercise or other professionals that clients can be signposted/referred onto when they are beyond own scope of practice/area of qualification
The components of fitness	
K7.	The components of physical and health-related fitness to include: (muscular strength, hypertrophy, aerobic endurance, muscular endurance, flexibility, body composition, agility, balance, coordination, power, reaction time, speed)
K8.	Factors that affect health, physical fitness and skill related fitness
K9.	The relationship and differences between physical fitness, health-related exercise, sports specific exercise and programming for each
The principles of progression	
K10.	Understand the progressive principles and how to use them to adapt, modify, progress and regress in terms of: <ul style="list-style-type: none"> • specificity • progression • reversibility • adaptability

<ul style="list-style-type: none"> • individuality • recovery time • adaptation • overload – Frequency, Intensity, Time, Type (FITT), adherence, rate, resistance, repetitions, rest, range of movement
K11. The principles of a progressive training programme in developing components of fitness
K12. Understand the relevant physiological changes that occur in the body as a result of changes made to progress a programme over a period of time
Biomechanical concepts
K13. Biomechanical concepts and their effects on exercises, to include: <ul style="list-style-type: none"> • centre of gravity • stability • momentum • inertia • alignment • levers • torque • base of support • balance • planes of motion • length-tension relationships
K14. Open and closed chain kinetic movements. Understand their advantages and disadvantages
K15. The effect of speed of movement on posture, alignment and intensity
K16. The effects of the following on exercise and the client : <ul style="list-style-type: none"> • resistance • force • axis • variable resistance
Muscular strength and endurance
K17. The Muscular Strength and Endurance (MSE) continuum
K18. The benefits of MSE training in relation to health-related fitness and factors affecting individual's ability to achieve MSE gains
K19. The physiological changes that occur as a result of MSE training
K20. The need for the whole body approach
Stretch theory
K21. The range of movement continuum
K22. The physiological and health-related changes that occur as a result of stretching
K23. The different types of stretching (dynamic and static)
K24. The different methods of stretching (active and passive)
K25. Stretch reflex, desensitization and lengthening of muscle tissue (muscle creep)
K26. Factors affecting an individual's potential range of movement
K27. The activities that improve range of movement

Performance Criteria (you must be able to)
Lifestyle and health promotion
P1. Apply relevant physical activity guidelines to client's programme
P2. Explain the benefits of physical activity and their relation to reducing the risk of disease.
P3. Identify the agencies involved in promoting physical activity for health in their home country
P4. Identify credible information sources and research methods.
P5. Identify the range of relevant exercise or other professionals that clients can be signposted/referred onto when they are beyond own scope of practice/area of qualification
The components of fitness
P6. Apply the relevant components of health related fitness to client's programme
P7. Identify in the initial assessment, the factors that can affect client's health, physical fitness and skill related fitness
P8. Design a programme for client's physical fitness, health benefits and sports specific fitness as applicable
P9. Apply the principles and variables of fitness components to the programme
The principles of progression
P10. Apply the progressive principles in programming
P11. In programming show understand of the relevant physiological changes that occur in the body as a result of changes made to progress a programme over a period of time
Biomechanical concepts
P12. Apply the biomechanical concepts to programming
P13. Apply open and closed chain kinetic movements as relevant to the client
Muscular strength and endurance
P14. Apply the principles of the Muscular Strength and Endurance (MSE) continuum to programming
P15. Identify the benefits of MSE training in relation to health-related fitness and factors affecting individual's ability to achieve MSE gains
P16. Apply a whole body approach to programming
Stretch theory
P17. Apply the range of movement continuum to programming
P18. Apply relevant methods and principles of flexibility and stretching to programming
P19. Explain the stretch reflex, desensitization and lengthening of muscle tissue (muscle creep)
P20. Identify factors affecting an individual's potential range of movement
P21. Identify relevant activities that improve range of movement

Unit 8 (P3): Principles, fundamentals, philosophy and origins of Mat-based Pilates

This section covers the following knowledge, which must be delivered in full to the learners:

- The history of Pilates
- The fundamentals, philosophy and principles of Pilates
- The 34 original Mat-based Pilates exercises

GLH required to deliver and assess this unit: 20 (including 5 FTH)

Knowledge and understanding (you need to know and understand)
The history of Pilates
P1. The history and origins of Pilates including the elders
P2. The principles of Pilates
P3. The Pilates Studio Equipment (Comprehensive) and its relationship to mat Pilates
The fundamentals, philosophy and principles of Pilates
P4. The fundamentals of Pilates
P5. The Pilates movement principles
P6. How Pilates has developed and changed and why
P7. The Pilates philosophy
P8. How to use the principles of Pilates in class design and teaching
P9. Embodying and teaching the Pilates philosophy and fundamentals
The 34 original Mat-based Pilates exercises
P10. The 34 original Pilates mat based exercises
P11. Suitable modifications and adaptations of the original moves that aim to work the client towards the original exercise if appropriate.

Performance Criteria (you must be able to)
The history of Pilates
P1. Describe the history and origins of Pilates and how it has developed
P2. Describe the principles of Pilates
P3. Describe what is Comprehensive Pilates and its relationship to mat Pilates
The fundamentals, philosophy and principles of Pilates
P4. Explain the fundamentals of Pilates
P5. Describe the 34 original Pilates mat based exercises
P6. Describe the Pilates movement principles
P7. Identify how Pilates has developed and changed and why
P8. Demonstrate the Pilates philosophy
P9. Demonstrate how to use the original principles of Pilates in class design and teaching
P10. Demonstrate how to use the fundamentals of Pilates in class design and teaching
P11. Demonstrate an ability to embody the Pilates philosophy in teaching
The 34 original Pilates exercises
P12. Show an understanding of the 34 original Pilates mat based exercises
P13. Demonstrate use of suitable modifications and adaptations of the original moves that aim to work the client towards the original exercise if appropriate.

Unit 9 (P4): Collect and analyse relevant information

This section covers the following knowledge, which must be delivered in full to the learners:

- Collecting information
- Interpreting information collected
- Scope of practice and referring to another professional

GLH required to deliver and assess this unit: 15 (including 5 FTH)

Knowledge and understanding (you need to know and understand)
Collecting information
K1. A suitable intake procedure in questionnaire and interview formats
K2. The types of information required to design a Mat-Based Pilates programme to meet the needs of clients/participants
K3. Safe and appropriate methods to collect and record information about clients/participants
K4. Make sure collected information is up-to-date
K5. The importance of assessing client's readiness to participate in a Pilates session (e.g., physically through postural analysis and quality of movement and psychologically through verbal and non-verbal communication)
K6. Why it is important to ask clients if they have any illnesses or injuries
K7. When to advise clients of any reasons why they should not participate in the exercises
K8. Formats for recording information
K9. How to record information in a way that will help you analyse it
K10. Safeguarding the confidentiality of collected information , following legal and organisational procedures
Interpreting information collected
K11. Procedures for organising and interpreting information to allow you to identify participants' needs, goals and specific objectives
K12. How to analyse risk factors and co-morbidities (one or more coexisting medication conditions or disease processes)
K13. Precautions, contraindications, and modifications of Pilates exercises for specific needs to include: <ul style="list-style-type: none"> • osteoporosis • arthritis • lower back pain • postural imbalance
K14. Common pathologies and medical conditions
K15. Suitability of group mat classes or 121 for client's with specific needs or medical conditions
K16. Sourcing information related to client's risk factors and medical conditions
K17. Resources available to support researching of client's condition to include: <ul style="list-style-type: none"> • peer review guidelines • libraries • Internet • medical professionals • support groups for specific conditions
K18. How to analyse the information collated and identify the implications for the mat Pilates session/class
Scope of practice and referring to another professional

K19. Aligning experience and knowledge with client expectations to develop a successful and suitable programme
K20. When participants need referral to other professionals
K21. The procedures to follow when referring participants/client to other professionals

Performance Criteria (you must be able to)
Collecting information
P1. Outline a suitable intake procedure using a questionnaire and interview format to include: <ul style="list-style-type: none"> • personal • health issues • exercise history • health goals • observation
P2. Describe the types of information required to design a mat Pilates programme to meet the needs of participants/client
P3. Identify safe methods of collecting information
P4. Identify appropriate methods to collect and record information about participants/client
P5. Ensure collected information is up-to-date
P6. Assess client's readiness to participate in a Pilates session
P7. Ask clients if they have any illnesses or injuries
P8. Advise individuals of any reasons why they should not participate in the exercises
P9. Use suitable formats for recording information
P10. Record information in a way that will help you analyse it
P11. Maintain the confidentiality of collected information , following legal and organisational procedures
Interpreting information collected
P12. Interpret information to allow you to identify participants'/client needs and goals and specific objectives
P13. Analyse risk factors and co-morbidities (one or more coexisting medication conditions or disease processes)
P14. Consider from information collected: <ul style="list-style-type: none"> • precautions • contraindications • modifications of Pilates exercises for specific needs
P15. Identify common pathologies and medical conditions and know when to refer to other professionals and/or 121 Pilates sessions
P16. Source information related to client's risk factors and medical conditions
P17. Identify how to research information related to the client's condition
P18. Identify the implications for the mat Pilates session
Scope of practice and referring to another professional
P19. Align teacher experience and knowledge with client expectations to develop a successful and suitable program
P20. Describe the procedures to follow when referring participants to other professionals
P21. Identify when participants need referral to other professionals

Unit 10 (P5): Assessing the Pilates client

This section covers the following knowledge, which must be delivered in full to the learners:

- Assessing posture
- Assessing movement
- Methods of assessing

GLH required to deliver and assess this unit: 25 (including 20 FTH)

Knowledge and understanding (you need to know and understand)
Assessing posture
K1. Current ideals of static and dynamic postural alignment
K2. Common postural models
K3. Common patterns that deviate from the ideal postural alignment
Assessing movement
K4. Healthy joint range of motion
K5. Balanced muscle development
K6. Healthy body mechanics and movement patterns (e.g., squatting, reaching, walking, sitting)
K7. Common conditions or activities that may cause asymmetries or imbalances
Methods of assessing
K8. How to identify muscular imbalances and asymmetries that may affect a client's posture, movement, balance and coordination
K9. Observation and movement assessment skills needed as an instructor in order to develop an appropriate Pilates exercise programme.
K10. Methods of observing body mechanics and movement patterns
K11. Methods of observing and assessing static and dynamic postures
K12. Methods of analysing quality of movement, utilizing the Pilates movement principles
K13. The methods of collecting, analysing and recording information that enable progress to be reviewed against goals and initial baseline data
K14. Methods of documenting, interpreting, and archiving observations
K15. What is achievable in assessments of a group Pilates session versus a 121 client assessment

Performance Criteria (you must be able to)
Assessing posture
P1. Identify current ideals of static and dynamic postural alignment
P2. Identify common postural models/patterns that deviate from the ideal
Assessing movement
P3. Identify healthy joint range of motion
P4. Describe balanced muscle development
P5. Identify healthy body mechanics and movement patterns (e.g., squatting, reaching, walking, sitting)
P6. Analyse common conditions or activities that may cause asymmetries or imbalances
Methods of assessing

P7.	Identify muscular imbalances and asymmetries that may affect a client's posture, movement, balance and coordination
P8.	Demonstrate suitable observation and movement assessment skills in order to develop an appropriate Pilates exercise programme .
P9.	Demonstrate suitable methods for observing body mechanics and movement patterns
P10.	Demonstrate suitable methods for observing and assessing static and dynamic postures
P11.	Demonstrate suitable methods for analysing quality of movement, utilizing the Pilates movement principles
P12.	Demonstrate suitable methods for documenting, interpreting, and archiving observations

Unit 11 (P6): Plan and design Mat-based Pilates (group class and one to one)

This section covers the following knowledge, which must be delivered in full to the learners:

- Principles of planning
- Meeting the needs of the participants and clients
- The exercises/moves
- The teaching environment
- Format of session plans

GLH required to deliver and assess this unit: 30 (including 20 FTH)

Knowledge and understanding (you need to know and understand)	
Principles of planning	
K1.	Why thorough planning and preparation are necessary for a mat based Pilates programme
K2.	How to set goals and objectives for Pilates session
K3.	The importance of planning demonstrations from a variety of positions within the environment
K4.	How to include relevant teaching methods
Meeting the needs of the participants and clients	
K5.	Methods of ensuring the programme meets the needs of participants and client
K6.	How to create modifications and adaptations including progression and regression for specific clients' needs to include: <ul style="list-style-type: none"> • use of props • sequencing • timing • intensity • duration • repetitions • changing ROM • substituting equipment for additional support
K7.	When to review the programme with participant/client
K8.	The effect of different postural types and postural issues on movement and exercise
K9.	A suitable session structure which is based on the original 34 moves, principles and fundamentals of Pilates and includes: <ul style="list-style-type: none"> • Suitable use of apparatus (if required) • Options/modifications to help meet individual needs • Developmental progressions
K10.	The purpose and value of each exercise within the session
K11.	How timings, intensities and sequences can affect outcomes of the session
The exercises/moves	
K12.	How to include exercises and adaptations that evolved from the 34 original mat-based exercises and comprises the original principles and the fundamentals of Pilates
K13.	Select and structure exercises that will enable clients to become aware of their potential optimum movement
K14.	The effect of gravity on exercise positions and alignment
K15.	The importance of creating balance in programming
K16.	How to create transitions between exercises for continuity and flow of:

<ul style="list-style-type: none"> • movement and breath • building endurance • cognitive skills • discipline
K17. Selecting the appropriate number of exercises for the participant's/client's fitness level or experience
K18. How to modify and adapt the Pilates exercises whilst working towards the original moves
The teaching environment
K19. Availability of equipment (home and studio)
K20. How to take account of the environment when planning the sessions
K21. The structure and suitability of music (where appropriate) for the clients and the session
K22. The influence of environment on participants' ability to learn successfully
K23. How to prepare the environment you need for the session , following legal and organisational procedures
Format of session plans
K24. How to record plans in an accessible format that helps the implementation of the programme

Performance Criteria (you must be able to)
Principles of planning
P1. Set goals and objectives for Pilates sessions specific to your participants' and client's needs
P2. Demonstrate planning demonstrations from a variety of positions within the setting
P3. Select relevant teaching methods
Meeting the needs of the participants
P4. Agree the demands of the programme with your participants and client
P5. Create a plan with modifications and adaptations to meet the needs of the client during the session
P6. Add in to the plan review dates for the plan/ session
P7. Take account of participants' postural types when observing their movement
P8. Plan realistic timings, intensities and sequences
The exercises/moves
P9. Plan a mat Pilates session based on the original 34 moves , mat-based principles and fundamentals of Pilates
P10. Select and structure exercises that will enable clients to become aware of their potential optimum movement
P11. Plan methods to teach the correct exercise positions and alignment for each exercise and starting position
P12. Take in account the effect of gravity on exercise positions and alignment
P13. Create a balanced programme
P14. Create a session that includes transitional movements and flow
P15. Select the appropriate number of exercises for the participant's/client's fitness level or experience
The teaching environment
P16. Take account of the environment when planning the sessions

P17. Use suitable music (where appropriate), for the participants and session
P18. Show awareness of the influence of environment on clients' ability to learn successfully
Format of session plans
P19. Record plans in an accessible format that will help you, your clients and other professionals to implement the programme

Unit 12 (P7): Prepare to instruct Mat-based Pilates session

This section covers the following knowledge, which must be delivered in full to the learners:

- Preparing the participant(s)
- Preparing the environment

GLH required to deliver and assess this unit: 25 (including 15 FTH)

Knowledge and understanding (you need to know and understand)	
Preparing the participant(s)	
K1.	The importance of careful preparation for the session
K2.	Why it is important to make sure participants/clients are properly prepared before session begins
K3.	Ways of ensuring the participants/clients are prepared before the session begins
K4.	Methods of finding out how clients responded to previous physical activity
K5.	Why it is important to explain to clients the objectives, physical demands and exercises that are planned
K6.	Methods of assessing clients' readiness to take part in a mat Pilates session
K7.	The instances when you may need to negotiate and agree changes to your plans with participants/clients
K8.	The importance of being aware of the health, safety and emergency procedures for each environment in which you teach
Preparing the environment	
K9.	How to select and prepare the equipment for safe and effective use in the session to include: <ul style="list-style-type: none"> • equipment set-up • correct use/settings • maintenance • safety of use
K10.	How to prepare the environment for a safe and effective session to include: <ul style="list-style-type: none"> • lighting • sound • temperature • space • floor surfaces available
K11.	How to prepare the environment according to clients' needs and following legal and organisational procedures

Performance Criteria (you must be able to)	
Preparing the participant(s)	
P1.	Meet your clients at the agreed time and make them feel welcome and at ease
P2.	Establish a rapport with client's using appropriate methods
P3.	Assess and agree with your participants' their motivation to take part in the planned session
P4.	Assess and agree your clients' stage of readiness to take part in the planned session
P5.	Explain the objectives and exercises that you have planned for the session to the participants
P6.	Collect any new information from your clients about their response to previous activity
P7.	Explain the physical and technical demands of the planned exercises to the clients and how they can progress and regress these to meet their goals

P8. Agree with your clients any changes to the planned exercises that will assist them to meet their needs and enable them to maintain progress
P9. Explain to clients the health, safety and emergency procedures
Preparing the environment
P10. Select and prepare the resources, equipment and environment
P11. Organising the Pilates exercise space for safety and efficiency
P12. Prepare the environment according to clients' needs and following legal and organisational procedures

Unit 13 (P8): Teach, adapt, modify and progress Mat-based Pilates exercises

This section covers the following knowledge, which must be delivered in full to the learners:

- Teaching skills
- Adapting, modifying and progressing
- Supporting the participants/client
- Bring Pilates session to an end

GLH required to deliver and assess this unit: 25 (including 15 FTH)

Knowledge and understanding (you need to know and understand)	
Teaching skills	
K1.	Why an effective balance of instruction, movement, interaction and discussion is necessary within the session
K2.	The importance of using suitable communication techniques to make sure clients understand what is required
K3.	A range of suitable teaching points, visualisations and imagery to support the client in their performance
K4.	Educating and inspiring the client to commit both physically and mentally to the Pilates session and philosophy
K5.	Methods of providing positive and timely reinforcement and feedback throughout the session
K6.	The importance of maintaining supervision of the exercise environment at all time
K7.	How to use appropriate teaching methods when instructing Pilates:
K8.	The importance of matching teaching methods and learning styles to maximise clients' progress and motivation
K9.	Methods of observes and analysing clients' performance
K10.	Ways of providing effective instructions, demonstrations and explanations to clients to ensure correct exercise position and alignment for each phase of the session
K11.	The importance of effective cueing, to guide or correct movement patterns
K12.	The necessity of using suitable correcting techniques including appropriate hands-on (touch) guidance to enhance the execution of the exercises
K13.	How to manage multiple participants in a group Mat-based Pilates class
K14.	How to manage session structure for an effective Pilates session , to include: <ul style="list-style-type: none"> • tempo • time management • momentum • dynamic movement • whole body integration • warm-up and closure
K15.	The importance and methods of voice projection and the effective use of volume and pitch of voice
K16.	Methods of evaluating a mat Pilates session at regular intervals to maintain participants' motivation
K17.	Addressing individual and group needs within a group class without losing primary goal of the session
K18.	Integrating Mat and appropriate Pilates apparatus into the session
Adapting, modifying and progressing	
K19.	How to identify the movements that need to be adapted
K20.	How to make use of existing progression and regression plans

K21. How to use modifications, adaptations or regressions to meet participants' needs
K22. How to communicate modifications, progressions and adaptations to your participants
K23. How to monitor the effectiveness of the adaptations
K24. When and how to progress client to a more challenging level
K25. Methods of recording changes and the reasons for the change
Supporting the participants/client
K26. The reasons participants need to be able to carry out the exercises on their own
K27. Educating the client to integrate and adapt the goals and benefits of the Pilates method into activities of daily living
K28. The ability to recognize changes in participants' current physical or psychological state
K29. How to assess participants readiness to progress during a current session
K30. Methods to motivate and develop participants independence, confidence, and awareness
K31. Recognising any warning signs and symptoms that may occur during a Pilates session and reacting safely and effectively
Bring Pilates session to an end
K32. Why it is important to allow sufficient time to end the session and how to adapt this to different levels of client needs and experience
K33. Ways of bringing a mat Pilates session safely to an end
K34. Why participants should be given the opportunity to ask questions, provide feedback and discuss their performance
K35. Why feedback should be given to clients on their performance and how to do this in a way that is accurate but maintains client motivation and commitment
K36. Methods of providing participants with feedback on their performance
K37. Why participants need to see how their progress links to their goals
K38. Why clients need information about future sessions , private group, home programmes and 121 sessions
K39. The correct procedures for dealing with the environment once the session is over
K40. The importance of evaluating mat Pilates session

Performance Criteria (you must be able to)
Teaching skills
P1. Instruct participants through the session using an effective balance of instruction, movement, interaction, discussion and suitable teaching methods
P2. Ensure the use of suitable communication techniques , teaching points, visualisations and imagery (as required) to support the performance of the participants'/client
P3. Educate and inspire the participants'/client to commit both physically and mentally to the session
P4. Provide timely reinforcement and feedback throughout the session
P5. Demonstrate an ability to maintain supervision of the exercise environment
P6. Observe and correct participants/clients throughout the session using appropriate hands-on (touch) guidance to enhance the execution of the exercises
P7. Ensure the participants/clients maintain correct technique and alignment
P8. Use effective cueing throughout the session

P9. Manage multiple participants in a group Mat-based Pilates class
P10. Use effective methods of voice projection, volume and pitch of voice
P11. Evaluate a mat Pilates session at regular intervals to maintain participants' motivation
P12. Address individual and group needs within the group class without losing primary goal of the session
P13. Integrate Mat and appropriate Pilates apparatus into the session
Adapting, modifying and progressing
P14. Select suitable modifications, adaptations or regressions to meet participants' needs
P15. Make use of existing progression and regression plans
P16. communicate modifications, progressions and adaptations to your participants
P17. Monitor the effectiveness of the adaptations
P18. Progress client to a more challenging level if applicable
P19. Make a recording of the changes made and the reasons for the change
Supporting the participants/client
P20. Support clients to be able to carry out the exercises on their own
P21. Educate the clients to integrate and adapt the goals and benefits of the Pilates method into activities of daily living
P22. The ability to recognize changes in participants' current physical or psychological state
P23. Assess client's readiness to progress during a current session
P24. Motivate and develop client's independence, confidence, and awareness
P25. Recognise any warning signs and symptoms that may occur during a Pilates session and reacting safely and effectively
Bring Pilates session to an end
P26. Allow sufficient time to bring the session to an end
P27. End the activities in a way that is safe and effective for your clients
P28. Give clients the opportunity to ask questions, provide feedback and think about their performance
P29. Provide clients with positive reinforcement about their performance
P30. Encourage clients to give their views
P31. Explain to clients how their progress links to their goals
P32. Direct clients to private, group, or home programme based on finances, compliance, learning style, attitude, and success at meeting goals
P33. Leave the environment in a condition suitable for future use, by yourself or others
P34. Evaluate the mat Pilates session

Unit 14 (P9): One to one re-assessment

This section covers the following knowledge, which must be delivered in full to the learners:

- Methods of monitoring progress
- Reassessment of posture and movement
- Adapting programmes

GLH required to deliver and assess this unit: 20 (including 10 FTH)

Knowledge and understanding (you need to know and understand)
Methods of monitoring progress
K1. Methods of monitoring client's progress
K2. The importance of monitoring and reviewing programmes at regular intervals
K3. Methods of collecting, analysing and recording information that enable progress to be reviewed against goals and initial baseline data
Reassessment of posture and movement
K4. The importance of observing significant change in function, quality of movement and Pilates exercise execution
K5. Assessing imbalances and asymmetries in static and dynamic posture
K6. Reviewing previous records and recording reassessment findings
K7. The importance of empowering clients to take ownership of their own health and well being
Adapting programmes
K8. Why it is important to communicate progress and changes to all those involved in the programme
K9. How to review goals with the client taking into account any changes in circumstances
K10. Adjusting the client's Pilates programme based upon current findings

Performance Criteria (you must be able to)
Methods of monitoring progress
P1. Select the correct method to monitor client's progress
P2. Review client's progress at agreed points in the programme
Reassessment of posture and movement
P3. Collect, analyse and record information that enable progress to be reviewed against goals and initial baseline data
P4. Synthesise information gathered, resetting, and prioritising goals
P5. Observing significant change in function (e.g., sitting, walking, standing)
P6. Analyse quality of movement utilising Pilates movement principles
P7. Analyse technique in Pilates exercise execution
P8. Review previous records and recording reassessment findings
P9. Empowering clients to take ownership of their own health and well being
Adapting programmes
P10. Communicate ongoing progress with the client
P11. Identify and agree any changes to the programme as a result of the review
P12. Agree review outcomes with the client and keep an accurate record, as appropriate

Scope and Range

Programme(s)

This refers to a group of sessions over a period of weeks or months.

Session(s)

Single classes or one to one session (normally 60 minutes in duration).

Group session

A plan created for a group of clients to exercise together (3 or more)

Small client groups

A small group of clients (1-3 maximum)

Information

1. personal goal
2. lifestyle including diet, smoking, drinking, alcohol consumption
3. medical history
4. medications
5. physical activity history
6. physical activity preferences
7. likes and dislikes
8. time availability
9. attitude and motivation to participate
10. current fitness level
11. stage of readiness
12. psychological

Participants

1. more than one client
2. clients with specific fitness needs
3. clients with general health needs
4. beginners
5. experienced

Client

1. individual clients
2. clients with specific fitness needs
3. clients with general health needs
4. beginners
5. experienced

Special populations

1. Ante and Postnatal
2. Young People (age 14-17)
3. Older adult (50 plus)

Methods

1. interview
2. questionnaire
3. verbal screening
4. observation

Other professionals (could include)

1. physiotherapists and medics
2. psychologists
3. physiologists
4. biomechanists
5. nutritionists/dietician
6. lifestyle support specialists
7. participants' social support network
8. senior instructors
9. tutors and assessors

Legal and organisational procedures (could include)

1. Health and Safety policies
2. Control of Substances Hazardous to Health (chemical handling)
3. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
4. Accident reporting procedures
5. Electricity at Work regulations
6. First Aid regulations
7. Individual organisational policies and procedures
8. Data Protection laws
9. Equality and diversity
10. Emergency Action Plan (EAP)
11. Normal operating procedures (NOP)
12. Duty of Care
13. Safeguarding
14. manual handling
15. code of conduct
16. code of ethical practice
17. equipment storage
18. general maintenance
19. hazard identification
20. health, hygiene and cleaning
21. issue/complaint resolution
22. occupational health and safety
23. personal safety
24. reporting procedures
25. security procedures
26. stress management
27. use of personal protective equipment
28. waste disposal

Practice client

This refers to a client who is used for the case study and/or practical observation tasks in the assessments

Goals (could include)

1. short
2. medium
3. long
4. general health and fitness
5. physiological
6. psychological
7. lifestyle
8. social
9. functional ability

SMART

1. specific
2. measurable
3. achievable
4. result focused
5. time bound

Environment

1. space
 - studio
 - sports hall
 - community centre
 - Pilates studio
 - Client's home
 - Client's workplace
2. layout
3. temperature
4. flooring
5. lighting
6. ventilation
7. noise level
8. use of music
9. equipment for the session
10. personal clothing and equipment
11. atmosphere and ambience

Safe

1. contraindications
2. key safety guidelines
3. guidance for special population clients
4. safe environment
5. suitable intensity and equipment for client

Learning styles

1. visual
2. kinaesthetic
3. auditory
4. tactile

Communication techniques (could include)

1. interaction
 - question and answer
 - open-ended question
 - reflecting answering
 - simple explanations
 - offering feedback
 - active listening
 - empathetic listening
 - using understandable terminology
 - hands on correction and guidance
2. observation
3. practical demonstration
4. verbal - clear concise specific audible
5. body language
6. face-to-face
7. telephone
8. written (letters, email, posters)
9. social media
10. digital technology

Motivational methods

1. positive feedback
2. creating safe environment
3. effective communication techniques
4. behavioural modification techniques and strategies
5. use of intrinsic and extrinsic motivation

Behaviour change strategies

1. stages of change/trans-theoretical model of behaviour change Prochaska and Di Clemente
2. goal setting
3. social support
4. problem-solving
5. reinforcement strategies
6. self-monitoring
7. motivational methods

Teaching methods (could include)

1. changing teaching positions
2. questioning to check understanding
3. allowing client to ask questions
4. making adaptations and progressions
5. mirroring
6. teaching points
7. visualisations
8. imagery
9. tactile cues
10. correction/adjustment (hands-on correction/guidance)
11. demonstration
12. moving around the room
13. where to position yourself
14. linking moves
15. why it is important to explain the principles as you teach
16. voice and pitch
17. how to try and achieve good posture and precision in the moves

Postural types

1. kyphotic
2. lordotic
3. swayback
4. flatback
5. neutral/ideal

Full range of movement (ROM)

1. flexion
2. extension
3. rotation
4. circumduction
5. lateral flexion

Adaptations and modifications

Adapting or modifying an exercise to support the client in performing the exercises safely and effectively. For safety you may need to adapt the exercise by adding equipment or other support methods, or you may need to modify, for example change to a different exercise, reduce the lever length. You can also modify the exercise to increase or decrease the work or intensity.

Balanced programme

1. flexion and extension
2. lateral flexion and rotation
3. orientations to gravity
4. mobility and stability
5. strength and flexibility

Pilates specific

Origins of Pilates

1. The history of Joseph Pilates
2. The Elders
3. The development and changes of Pilates
4. Legalities of the use of the name Pilates

Pilates Studio Equipment/Comprehensive Pilates Equipment

The full syllabus and philosophy of Pilates

1. Reformer
2. Cadillac /Trapeze Table
3. Chairs – Wunda, electric, baby
4. Barrels – ladder barrel, baby arc, spine corrector
5. Mat
6. Magic Circle

Additional Pilates equipment

1. Ped-O-Pull
2. Foot Corrector
3. Toe Corrector
4. Finger Corrector
5. Pin Wheel
6. Head Harness
7. Weighted Shoe
8. Bean Bag
9. Guillotine

Pilates philosophy

The Pilates method of body conditioning develops the body uniformly, corrects posture, restores vitality, invigorates the mind and elevates the spirit.

The acquirement and enjoyment of physical well-being, mental calm and spiritual peace are priceless to their possessors...., and it is only through Contrology that this unique trinity of a balanced body, mind and spirit can ever be attained.

(taken from *Return to Life through Contrology*)

Pilates principles

1. The history of Joseph Pilates
2. The original Pilates exercises
3. The life-course of the musculoskeletal system (including cartilage/disc)

Pilates movement principles

1. whole body movement
2. breathing
3. balanced muscle development
4. concentration
5. control
6. centring
7. precision
8. flow and rhythm
9. joint mobility and mobilisation
10. posture
11. balance
12. postural alignment
13. activation of the powerhouse

Fundamentals

1. stabilisation, with particular emphasis on:
 - a. shoulder girdle
 - b. lumbar spine and pelvic girdle
 - c. breathing
 - d. mobilisation, and articulation of the spine
2. postural and structural alignment
3. postural types

Session structure

1. tempo
2. time management
3. momentum
4. dynamic movement
5. whole body integration

Objectives of a class

1. scapular stability
2. pelvic stability
3. trunk stability
4. spine mobility
5. shoulder and hip mobility
6. strength
7. challenging balance
8. flow - transitions and link exercises
9. flexibility – stretching
10. relaxation (active and passive)

34 original exercises (in order)

1. The hundred
2. The roll up

3. The roll over with legs spread (both ways)
4. One leg circle
5. Rolling back
6. One leg stretch
7. Double leg stretch
8. Spine stretch
9. Rocker with open legs
10. Corkscrew
11. The Saw
12. Swan dive
13. One leg kick
14. Double leg kick
15. Neck Pull
16. Scissors
17. Bicycle
18. Shoulder bridge
19. Spine Twist
20. Jack Knife
21. Side kick
22. The teaser
23. Hip twist
24. Swimming
25. Leg pull prone
26. Leg pull supine
27. Side kick kneeling
28. Side bend
29. Boomerang
30. Seal
31. Crab
32. Rocking
33. Control balance
34. The push up