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**Summary Report - Pilates-based movement for MS Society Bognor and Chichester
22nd April - 15th July 2014**

We began with paired and individual sessions, which helped us establish mutual understanding and provided a foundation for the course, including some individually-targeted introductory exercises that members could practice before the group sessions. In the paired sessions I recorded a baseline of each member's physical capabilities (using recognised and replicable measures), which included:

- 1) core strength
- 2) balance
- 3) range of movement and endurance at the shoulders and hips and range of movement at the ankles into dorsiflexion
- 4) hamstring and calf flexibility

I also asked members to complete a short questionnaire that asked them to rate how challenging they found functional activities (eg: walking 100m on the flat, walking uphill and downhill, using stairs, sit-to-stand, getting dressed). Nine members had paired and individual sessions to start with, and eleven members joined the group classes. Two people didn't complete the course (one due to relapse, one due to house move).

I designed each of the eight subsequent group classes (two groups, with 5 and 6 people in each) based on the needs of the members and how those needs evolved over time. I also reviewed the plan and weekly implementation based on feedback from the members including their energy levels, how they had felt after the previous class. At the end of every class, participants took away a sheet of exercises to remind them of new exercises so they could continue with sustainable home-practice integrated into daily life.

During the course comments from members included:

- "When I walked in here today I felt like death. Now, after the class, I feel back to life." This is particularly pertinent to me, as a Pilates teacher, as Joseph Pilates (the original 'inventor') called one of his books "Back to Life"
- A member was amazed at how, only a few weeks into the course, she had the stamina to enjoy a shopping trip of much longer than she had done before.
- "This has been *so good*. After the session, I just feel 'right'"

- "When I'm in the gym I think of Pilates and I ask the left and right sides of my body to do the same. Now I do things slow and steady so I really feel them."
- "Pilates makes me think about the side of my body that otherwise I try to ignore. Afterwards that side feels more connected."
- One lady had been having a bad day not being able to feel or control her legs as well as usual and she was down-hearted. As she left after the class, testing her legs, she said with satisfaction "That's better!"
- A lady commented how her legs "Have always felt not the proper length". Since starting the course she did Pilates at home several times a week. On holiday she did lots of walking and Pilates almost every day. On return from holiday she described how her legs "Feel the normal length" again.
- "Now I know how to keep myself going. When faced with a challenge, I think about some of the things we do in Pilates, pull myself up, and I can walk across that field or whatever it is I want to do."

In the paired and individual sessions at the end of this course I re-took the measures and found the following:

- 1) Core strength was strikingly improved. Everyone improved and the increase in score was considerable for everyone.
- 2) Basic balance improved considerably for everyone. Members tackled more advanced balance challenges than they had been confident to attempt originally.
- 3) Range of movement at the shoulder, hip, ankle had become more equal left and right for all members - one sided differences appear to have reduced. Endurance in shoulders had improved for everyone except one (who had spent several weeks of the course with a broken wrist so was not doing some arm exercises for quite a few weeks). Everyone's hip range of movement and endurance had grown. Dorsiflexion had improved for all but one member.
- 4) Hamstring and calf flexibility was generally improved across the groups.

In the functional measures, people felt that walking, stairs and sit-to-stand had become less challenging since they had been doing Pilates. Getting dressed had not been a challenge in the first place to these groups and reportedly remained 'easy'.

Also in the paired and individual sessions I gave a personal programme of exercises to each member based on their individual needs. The advancement in the exercises and the 'can do' attitude and optimism of the participants was noticeable. Everyone was keen to continue Pilates-based movement for MS after the summer holiday.

With this quantitative and qualitative data I am in a position to write an article for a journal, which will add to the evidence base around the contribution that Pilates-based movement can make for people with MS and inform the wider MS community about the pioneering work that the Bognor and Chichester Branch do for their members.

Beth Svarovska, MA (Cantab), 26th July 2014

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