

Pilates Method Alliance (PMA)

Certified Pilates Teacher Role Delineation Study

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Introduction

In November 2011, a panel of seven experts (See Appendix A) assembled by the Pilates Method Alliance (PMA) met with representatives from Castle Worldwide, Inc. (Castle) to delineate the field of Pilates teaching.

The major function of the PMA credentialing program is to ensure competency and professionalism in the field of Pilates teaching. It provides assurance that the Certified Pilates Teacher has met specific criteria designed to ensure that he or she is competent in the provision of services.

The development of a quality credentialing or licensing program must follow certain logically sound and legally defensible procedures for developing examinations. These principles and procedures are outlined in federal regulation (*Uniform Guidelines on Employee Selection Procedures*) and manuals, such as *Standards for Educational and Psychological Testing* (published by the American Educational Research Association, 1999). Castle adheres to these standards in developing examinations for credentialing programs, including the Pilates teaching certification program.

Before a content-valid examination is developed, the knowledge and skills necessary for competent practice in the profession must be determined. The process for identifying these competency areas is a role delineation study, or job analysis, which serves as a blueprint for examination development. The role delineation study also helps to determine the type of examination, such as written or practical, to be developed in order to assess competence in the profession.

The primary reason for conducting a role delineation study is to ensure that an examination is content-valid. Content validity is the most commonly applied and accepted validation strategy used in establishing certification programs today. In psychometric terms, validation is the way a test developer documents that the competence to be inferred from a test score is measured by the examination. A content-valid examination, then, evaluates the knowledge or skills required to function as a competent practitioner in the field.

Thus, the role delineation study is an integral part of ensuring that an examination is content-valid, and that the aspects of the profession covered on the examination reflect the tasks performed in practice settings. For both broad content areas and tasks, the study identified their importance, criticality, and frequency. These ratings play an important role in determining the content of the examination.

The role delineation study for the PMA consisted of the following three phases, which are the focus of this report:

- I. *Initial Development and Validation* - The role delineation panel identified the domains, tasks, knowledge, and skills essential to the performance of a Certified Pilates Teacher.
- II. *Validation Study* - A representative sample of professionals in the field of Pilates teaching reviewed and validated the work of the role delineation panel. In addition, a second panel of professionals validated the knowledge and skill statements developed by the role delineation panel.

- III. *Development of Test Specifications* - Based on the ratings gathered from the representative sample of professionals, the test specifications for the certification examination were developed.

PHASE I
INITIAL DEVELOPMENT AND EVALUATION

The first steps in analyzing the profession of the Certified Pilates Teacher were the identification of the major content areas, or domains, the listing of tasks performed under each domain, and the identification of the knowledge and skills associated with each task.

The panel of seven subject matter experts assembled by PMA met on November 1 through November 2, 2011, to discuss the role of the Certified Pilates Teacher. The panel members represented a variety of practice settings and geographic regions. A complete listing of panel members is provided in Appendix A. Appendix B presents the meeting agenda. The eligibility requirements to test as a Certified Pilates Teacher are presented in Appendix F.

The following steps were undertaken to complete Phase I:

- A. The panel determined that the profession could be divided into three major content areas, or performance domains. These performance domains are:
 1. Assessment and evaluation,
 2. Teaching, and
 3. Reassessment.

- B. Next, the panel delineated the tasks in each of the three domains. The panel subsequently generated a list of knowledge and skills required to perform each task. See Appendix C for the list of task, knowledge, and skill statements.

- C. The panel members then evaluated each performance domain and task, rating each on importance and criticality to the Certified Pilates Teacher and the frequency with which the activities associated with each domain and task are performed.

Based on the work of the role delineation panel, an electronic survey (See Appendix D) was developed and distributed to professionals in the field of Pilates teaching. The results of the survey are the focus of Phase II.

**PHASE II
VALIDATION STUDY**

I. Questionnaire Design and Distribution

Using the domains and tasks identified by the role delineation panel, Castle developed a questionnaire (See Appendix C) to be completed by a sample of Certified Pilates Teachers. Castle distributed the questionnaire to the professionals to evaluate, validate, and provide feedback on the role delineation panel's domain and task lists. The questionnaire also solicited biographical information from the respondents in order to ensure a representative response and completion by appropriately qualified individuals.

Of the 1,500 questionnaires distributed, 482 usable responses were submitted to Castle. However, not all individuals responded to every question; therefore, the total number of responses per question varies.

II. Characteristics of the Sample

Table 1. What is your gender?

Answer Options	Response Percent	Response Count
Male	5.7%	20
Female	94.3%	329
<i>Answered question</i>		349
<i>Skipped question</i>		133

Table 2. What is your age?

Answer Options	Response Percent	Response Count
Less than 20	0.0%	0
20 to 25 years	0.6%	2
26 to 30 years	4.8%	17
31 to 35 years	11.1%	39
36 to 40 years	15.7%	55
41 to 45 years	17.7%	62
46 to 50 years	16.2%	57
51 to 55 years	16.0%	56
Greater than 55	17.9%	63
<i>Answered question</i>		351
<i>Skipped question</i>		131

Table 3. What is your ethnic background?

Answer Options	Response Percent	Response Count
African American	1.2%	4
Asian American	1.2%	4
Caucasian/White	87.9%	304
Latino/Hispanic	4.6%	16
Native American	0.6%	2
Other	4.6%	16
<i>Answered question</i>		346
<i>Skipped question</i>		136

Table 4. In what state or province / territory do you live?

Answer Options	Response Percent	Response Count
AL Alabama	0.3%	1
AK Alaska	0.3%	1
AZ Arizona	6.5%	21
AR Arkansas	1.2%	4
CA California	22.4%	72
CO Colorado	7.2%	23
CT Connecticut	1.2%	4
DE Delaware	0.0%	0
DC District of Columbia	0.6%	2
FL Florida	5.9%	19
GA Georgia	1.6%	5
HI Hawaii	0.0%	0
ID Idaho	0.0%	0
IL Illinois	3.4%	11
IN Indiana	1.9%	6
IA Iowa	0.3%	1
KS Kansas	0.9%	3
KY Kentucky	0.3%	1
LA Louisiana	0.9%	3
ME Maine	0.0%	0
MD Maryland	1.2%	4
MA Massachusetts	1.9%	6
MI Michigan	1.6%	5
MN Minnesota	2.2%	7
MS Mississippi	0.0%	0
MO Missouri	0.3%	1

Answer Options	Response Percent	Response Count
MT Montana	0.0%	0
NE Nebraska	0.0%	0
NV Nevada	0.9%	3
NH New Hampshire	0.0%	0
NJ New Jersey	2.5%	8
NM New Mexico	0.6%	2
NY New York	5.6%	18
NC North Carolina	2.2%	7
ND North Dakota	0.0%	0
OH Ohio	0.9%	3
OK Oklahoma	0.3%	1
OR Oregon	1.2%	4
PA Pennsylvania	4.0%	13
RI Rhode Island	0.6%	2
SC South Carolina	0.6%	2
SD South Dakota	0.0%	0
TN Tennessee	2.2%	7
TX Texas	4.4%	14
UT Utah	0.3%	1
VT Vermont	0.0%	0
VA Virginia	2.5%	8
WA Washington	2.2%	7
WV West Virginia	0.3%	1
WI Wisconsin	0.6%	2
WY Wyoming	0.6%	2
British Columbia	2.2%	7

Answer Options	Response Percent	Response Count
Alberta	0.0%	0
Saskatchewan	0.0%	0
Manitoba	0.0%	0
Ontario	1.9%	6
Quebec	0.3%	1
New Brunswick	0.0%	0
Nova Scotia	0.0%	0
Prince Edward Island	0.0%	0
Newfoundland & Labrador	0.0%	0
Yukon	0.0%	0
Northwest	0.3%	1
Nunavut	0.3%	1
<i>Answered question</i>		321
<i>Skipped question</i>		161

Table 5. How many years have you worked in the field of Pilates instruction?

Answer Options	Response Percent	Response Count
Less than 2 years	1.7%	6
2 to 5 years	14.5%	51
6 to 10 years	30.2%	106
More than 10 years	53.6%	188
<i>Answered question</i>		351
<i>Skipped question</i>		131

Table 6. Do you work as a Pilates instructor on a full-time or part-time basis?

Answer Options	Response Percent	Response Count
Full-time	67.9%	239
Part-time	32.1%	113
<i>Answered question</i>		352
<i>Skipped question</i>		130

Table 7. What is your primary practice setting?

Answer Options	Response Percent	Response Count
Gymnasium/Health Club	9.4%	33
Hospital Facilities	1.1%	4
Parks and Recreation Center	0.3%	1
Personal Studio	18.8%	66
Private (stand-alone) Pilates Studio	63.0%	221
Private Sessions in client's homes or offices	0.3%	1
Other	7.1%	25
<i>Answered question</i>		351
<i>Skipped question</i>		131

Table 8. What is your secondary practice setting, if applicable?

Answer Options	Response Percent	Response Count
Gymnasium/Health Club	13.1%	42
Hospital Facilities	1.9%	6
Parks and Recreation Center	3.4%	11
Personal Studio	10.9%	35
Private (stand-alone) Pilates Studio	9.4%	30
Private Sessions in client's homes or offices	11.3%	36
Other	12.5%	40
Not Applicable	37.5%	120
<i>Answered question</i>		320
<i>Skipped question</i>		162

Table 9. Which of the following special populations do you work with as a Pilates instructor? (Select all that apply.)

Answer Options	Response Percent	Response Count
Children	32.4%	114
Dancers	56.3%	198
Post-Rehabilitation	83.5%	294
Pregnant and Post-partum Women	65.1%	229
Seniors	88.4%	311
Sports/Athletes	81.0%	285
None	1.7%	6
Other	18.2%	64
<i>Answered question</i>		352
<i>Skipped question</i>		130

Table 10. What do you charge per private session for your Pilates instruction services?

Answer Options	Response Percent	Response Count
Less than \$40	3.4%	12
\$40 to \$49	4.6%	16
\$50 to \$59	13.7%	48
\$60 to \$69	28.9%	101
\$70 to \$79	22.9%	80
\$80 to \$89	13.1%	46
\$90 to \$99	5.7%	20
Over \$100	4.6%	16
Not Applicable	3.1%	11
Answered question		350
Skipped question		132

Table 11. What do you charge per semi-private session for your Pilates instruction services?

Answer Options	Response Percent	Response Count
Less than \$40	23.4%	82
\$40 to \$49	30.8%	108
\$50 to \$59	12.8%	45
\$60 to \$69	5.4%	19
\$70 to \$79	5.7%	20
\$80 to \$89	2.8%	10
\$90 to \$99	2.3%	8
Over \$100	3.1%	11
Not Applicable	13.7%	48
Answered question		351
Skipped question		131

Table 12. What are the most successful methods for marketing your services? (Select all that apply.)

Answer Options	Response Percent	Response Count
Brochures	19.8%	69
Community Functions	17.2%	60
Direct Mail	5.5%	19
Internet	54.9%	191
Medical Referral	31.3%	109
Networking	59.8%	208
Newspapers	4.9%	17
Radio	0.6%	2
Telemarketing	0.3%	1
Other	41.7%	145
<i>Answered question</i>		348
<i>Skipped question</i>		134

Table 13. What is your highest level of education?

Answer Options	Response Percent	Response Count
High School/Secondary School	16.3%	57
Associate Degree	7.7%	27
Bachelor's Degree	46.6%	163
MBA Degree	2.0%	7
Master's Degree	21.7%	76
Doctoral Degree	5.7%	20
<i>Answered question</i>		350
<i>Skipped question</i>		132

Table 14. What is your annual income from Pilates instruction?

Answer Options	Response Percent	Response Count
Less than \$30,000	35.7%	120
\$30,000 to \$39,999	16.1%	54
\$40,000 to \$49,999	13.1%	44
\$50,000 to \$59,999	10.1%	34
\$60,000 to \$69,999	11.0%	37
\$70,000 to \$79,999	4.2%	14
\$80,000 to \$89,999	3.0%	10
\$90,000 to \$100,000	2.7%	9
More than \$100,000	4.2%	14
<i>Answered question</i>		336
<i>Skipped question</i>		146

Table 15. What is your annual household income?

Answer Options	Response Percent	Response Count
Less than \$30,000	6.7%	22
\$30,000 to \$39,999	5.8%	19
\$40,000 to \$49,999	6.4%	21
\$50,000 to \$59,999	4.5%	15
\$60,000 to \$69,999	8.2%	27
\$70,000 to \$79,999	7.3%	24
\$80,000 to \$89,999	5.2%	17
\$90,000 to \$100,000	10.6%	35
More than \$100,000	45.5%	150
<i>Answered question</i>		330
<i>Skipped question</i>		152

Complete results from the survey are presented in Appendix E.

III. Evaluation of Performance Domains

A. Survey Respondents' Evaluations. The survey respondents were asked to evaluate each performance domain and task, rating each on importance, criticality, and frequency. A five-point scale (1 to 5) was used for the importance, criticality, and frequency ratings, with a "5" representing the highest rating. The scale anchors are listed below as a reference.

Importance Ratings

Participants were asked to rate each domain on a rating of importance, or the degree to which knowledge in the domain is essential to the job performance of a minimally competent Certified Pilates Teacher in that a deficiency of knowledge would likely cause harm (of some type) to the profession or professional. The rating anchors are provided below.

- 0=** ***Of No Importance.*** Performance of tasks within this domain is of no importance to the job performance of the competent Pilates teacher.
- 1 =** ***Of Little Importance.*** Performance of tasks in this domain is of little importance to the job performance of the competent Pilates teacher
- 2 =** ***Moderately Important.*** Performance of tasks in this domain is moderately essential to the job performance of the competent Pilates teacher.
- 3 =** ***Very Important.*** Performance of tasks in this domain is clearly essential to the job performance of the competent Pilates teacher
- 4 =** ***Extremely Important.*** Performance of tasks in this domain is absolutely essential to the job performance of the competent Pilates teacher.

Criticality Ratings

Participants were asked to rate each domain on a rating of criticality, or the degree to which adverse effects could result if the Pilates teaching professional is not knowledgeable in the domain. The rating anchors are provided below.

- 0=** **No Harm.** Inability to perform tasks within this performance domain would lead to error with no adverse consequences.
- 1 =** **Minimal Harm.** Inability to perform tasks within this performance domain would lead to error with minimal adverse consequences.
- 2 =** **Moderate Harm.** Inability to perform tasks within this performance domain would lead to error with moderate adverse consequences.
- 3 =** **Substantial Harm.** Inability to perform tasks within this performance domain would lead to error with substantial adverse consequences.
- 4 =** **Extreme Harm.** Inability to perform tasks within this performance domain would definitely lead to error with severe adverse consequences.

Frequency Ratings

The frequency of the performance domain refers to the time that the competent Pilates teacher spends performing duties within each domain. Respondents were asked to estimate the amount of time spent performing duties associated with each domain by selecting the number of the description below that best exemplifies the rating for each domain.

- 0 = *Never.*** The competent Pilates teacher never performs the tasks within this performance domain.
- 1 = *Rarely.*** The competent Pilates teacher rarely performs the tasks within this performance domain.
- 2 = *Sometimes.*** The competent Pilates teacher sometimes performs the tasks within this performance domain.
- 3 = *Often.*** The competent Pilates teacher often performs the tasks within this performance domain.
- 4 = *Repetitively.*** The competent Pilates teacher repetitively performs the tasks within this performance domain.

Table 16: Mean ratings of importance, criticality, and frequency

Domain and Task	Mean Importance	Mean Criticality	Mean Frequency
D1, T1	3.66	3.04	3.23
D1, T2	3.73	3.31	3.31
D1, T3	3.50	2.16	3.30
D1, T4	3.55	2.54	3.51
D1, T5	3.64	3.25	3.19
D2, T1	3.65	2.76	3.52
D2, T2	3.67	2.61	3.63
D2, T3	3.71	2.57	3.79
D2, T4	3.17	2.17	3.44
D2, T5	2.87	1.91	3.12
D2, T6	3.60	2.79	3.68
D2, T7	2.91	1.68	3.03
D3, T1	3.29	2.34	3.12
D3, T2	3.69	3.25	3.20
D3, T3	3.22	2.27	2.84

The complete list of domains, tasks, knowledge, and skill is presented in Appendix D.

IV. Reliability Analysis of Performance Domain Scales

The reliability of the scales was assessed in order to determine how consistently the tasks measured the performance domain of interest. Reliability refers to the degree to which tests or surveys are free from measurement error. Consider a scale measuring an individual's weight that registered a substantially different weight with each use for the same person. With this inconsistency (i.e., unreliability), it would be impossible to determine an accurate weight. This analogy can be extended to the importance, criticality, and frequency ratings of each performance domain. It is important to understand the consistency of the data along these dimensions in order to draw defensible conclusions.

Reliability was measured by internal consistency (Cronbach's Alpha) using the respondent's ratings of importance, criticality, and frequency for each performance domain. This calculates the extent to which each task rating within each performance domain consistently measures what other tasks within that performance domain measure. Reliability coefficients range from 0 to 1 and should be above 0.7 to be judged as adequate. Reliability values below 0.7 indicate an unacceptable amount of measurement error.

Table 17: Reliability Estimates

Domain Performance	Importance	Criticality	Frequency
I. Assessment and evaluation	.761	.809	.826
II. Teaching	.788	.891	.755
III. Re-assessment	.730	.789	.730

See Appendix G for additional detail regarding the reliability computations.

The overall reliability was .932. These results indicate that we can use these ratings to compute an examination blueprint.

VI. Conclusion

The results of the survey validate the results of the role delineation panel. This conclusion means that the performance domains, tasks, knowledge, and skills developed by the role delineation panel constitute an accurate definition of the work of a PMA Certified Pilates Teacher.

Based on an analysis of the tasks, knowledge, and skills identified by the role delineation study, competence in the profession can be assessed using a single examination format.

**PHASE III
TEST SPECIFICATIONS**

The final phase of a role delineation study is the development of test specifications that identify the proportion of questions from each performance domain and task that will appear on the certification examination. Test specifications are developed by combining the overall evaluations of importance, criticality, and frequency using the formula, (Importance + Criticality) * Frequency, and defining the result as Risk. Risk is then used to compute the weights of each task, which can be interpreted as percentages.

The domain percentages are computed by adding the percentages for each task within the domain. These percentages are used to determine the number of questions related to each performance domain and task that should appear on the examination.

Table 18. Assessment of Importance, Criticality, Frequency, Risk, and Weight

Domain and Task	Importance	Criticality	Frequency	Risk	Task Weight	Domain Weight
D1, T1	3.66	3.04	3.23	21.65	0.07	0.354
D1, T2	3.73	3.31	3.31	23.33	0.08	
D1, T3	3.50	2.16	3.30	18.69	0.06	
D1, T4	3.55	2.54	3.51	21.36	0.07	
D1, T5	3.64	3.25	3.19	22.00	0.07	
D2, T1	3.65	2.76	3.52	22.54	0.07	0.463
D2, T2	3.67	2.61	3.63	22.79	0.08	
D2, T3	3.71	2.57	3.79	23.81	0.08	
D2, T4	3.17	2.17	3.44	18.39	0.06	
D2, T5	2.87	1.91	3.12	14.92	0.05	
D2, T6	3.60	2.79	3.68	23.49	0.08	
D2, T7	2.91	1.68	3.03	13.90	0.05	
D3, T1	3.29	2.34	3.12	17.54	0.06	0.183
D3, T2	3.69	3.25	3.20	22.19	0.07	
D3, T3	3.22	2.27	2.84	15.59	0.05	

The complete list of domains, tasks, knowledge, and skills is presented in Appendix D.

Jillian Hessel

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CERTIFICATIONS / EDUCATION

- 2005 Certified Pilates Teacher (Gold)
P.M.A. (Pilates Method Alliance)
- 1996 Certified as Personal Trainer and approved CEU Provider
A.C.E. (American Council on Exercise)
- 1992 Certified as Los Angeles Regional Director of Teacher Certification
Physicalmind Institute (formerly the Institute for the Pilates
Method)
- 1990 Certified as a Health/Fitness Instructor
American College of Sports Medicine
- 1988-1990 Certificate program for Fitness Instructors
UCLA Extension
- 1977-1979 New York University
Department of Dance Education

TEACHING EXPERIENCE

- 2011-present On Staff Dance Teacher for Le Petit Cirque, Culver City, CA
- 1988-present Founder and Director of The Well-Tempered Workout/Jillian Hessel Pilates
WTW is a fitness studio based on the Pilates Method, yoga, and
dance, Beverly Hills, CA
- 1992-2005 Dance Faculty, Pilates Instructor
California Institute of the Arts, Valencia, CA
- 1992-1998 Los Angeles Regional Director of Teacher Certification
Ongoing certification and training for Pilates-based instructors
Physicalmind Institute (formerly the Institute for the Pilates
Method) New York, NY
- 1987-1988 Pilates/Stretch Instructor
For Women Only Spa, Los Angeles, CA
- 1986-1987 Pilates Instructor
Ron Fletcher Studio for Body Contrology, Los Angeles, CA
- 1986 Staff Instructor and Pilates Consultant
Rebecca Eastman's Full Circle Fitness, Los Angeles, CA
- 1985 Dance/Movement Instructor
Greater Miami Opera Apprentice Program, Miami, FL

Appendix A: Role Delineation Panel Members

- 1983-1985 Dance Instructor/Coordinator
S.T.A.R.S. Program, summer training in the arts for gifted children, sponsored by The Greater
Miami Opera, Miami, FL
- 1982-1983 Jazz Dance Instructor
The Classical Ballet School, Miami, FL
- 1982-1983 Ballet and Pilates Instructor
Dance Miami Studio, Coconut Grove, FL
- 1982 Dance/Creative Movement Instructor
Coconut Grove Children's Theatre, Coconut Grove, FL
- 1981-1982 Pilates Instructor
Carola Trier Studio, New York City, NY
- 1981-1982 Pilates Instructor
Kathy Grant Studio, New York City, NY
- 1981 Creative Dance Instructor
Education in Dance, New York City, NY

BOOKS & VIDEOS

- HomeBody DVD produced by Jillian Hessel & The Well-Tempered Workout, Inc. 2010
Learning From Two Masters (1999) New Edition 2009
Carola Shares (1989) New Edition 2009
Cadillac Techniques (New Edition 2008)
Small Barrel 1991 (New Edition 2007)
Int/Adv Mat produced by Jillian Hessel & The Well-Tempered Workout, Inc. 1990

<u>Pilates Basics</u>	Published 2003 by Rodale Organic Living Books
Pilates Dance Barre	Video produced by Gaiam
Pilates Powerhouse	" "
Pilates for Beginners	" "
Pilates Lower Body	" "
A.M Pilates	" "

GUEST LECTURE/WORKSHOP ENGAGEMENTS

- Pilates Center of Boulder, Boulder CO
2/12 The Legacy of Carola Trier, as a part of the Five Lineages Winter Forum
- Pilates Method Alliance Annual Meeting, Palm Desert, CA
11/11 The Magic of the Circle
- Inner Idea Conference, La Jolla, CA
10/11 Use of the Feet in Pilates, Posture/B.E.A.M. Fundamentals/Mat
- Los Angeles Pilates Intensive, Culver City, CA
8/11 Cadillac, Posture/B.E.A.M. Fundamentals/Mat
- TheraPilates, Santa Cruz, CA
7/11 Dance-ילות, Reformer, Use of the Feet in Pilates
- Studio Pilates, Manhattan Beach, CA

Appendix A: Role Delineation Panel Members

6/11 The Wonderful Wunda Chair

Fletcher Conference, Tucson AZ

5/11 Asymmetrical Exercises for Asymmetrical Bodies on the Cadillac, Step Barrel, and Wunda Chair

Pilates Method Alliance Annual Meeting, Long Beach, CA

11/10 3 Mat Classes

Bodyline Pilates Studio, Beverly Hills, CA

10/10 Non-profit Fundraiser for Pilates for Pink

Watanabe Pilates Studio, West Hollywood, CA

10/10 The Wonderful Wunda Chair

Pilates on Tour, Denver, CO

7-8/10 Pilates ARC & Universal Reformer (Beginner & Intermediate Workouts)

Pilates on Tour, Chicago, IL

7/10 Pilates ARC & Cadillac Workshop, Levels I & II

Soulistic Studio & Spa, Chicago, IL

7/10 Postural Analysis, B.E.A.M. Fundamentals & Matwork

Studio Pilates, El Segundo, CA

6/10 Learning From Three Masters

Watanabe Pilates Studio, West Hollywood, CA

6/10 Scoliosis Workshop Part Three

Watanabe Pilates Studio, West Hollywood, CA

3/10 Scoliosis Workshop Part Two

Bodyline Pilates Studio, Beverly Hills, CA

1/10 Non-profit Fundraiser for CoachArt.Org

Watanabe Pilates Studio, West Hollywood, CA

10/09 Scoliosis Workshop Part One

Watanabe Pilates Studio, West Hollywood, CA

6/09 Scoliosis Workshop Part Three

UK Pilates Foundation, London England

5/09 Cadillac, Asymmetrical Exercises for Asymmetrical Bodies, Posture Analysis , Mat Fundamentals & Mat Class

Pilates Method Alliance, Phoenix AZ

11/08 Pilates ARC

Watanabe Pilates Studio, West Hollywood, CA

10/08 Scoliosis Workshop Part Two

Watanabe Pilates Studio, West Hollywood, CA

6/08 Scoliosis Workshop Part One

Appendix A: Role Delineation Panel Members

Body Mind Spirit Conference, Santa Clara, CA

4/08 Postural Imbalances, Scoliosis & Upper Quarter Workshops

Pilates Method Alliance, Orlando, FL

11/07 Asymmetrical Exercises for Asymmetrical Bodies

Mosaic Physical Therapy, Los Angeles, CA

4/07 The Upper Quarter: neck, shoulder & thoracic spine Workshop

ATP, Pasadena, CA

1/07 Cadillac Workshop

PilatesStyle Conference, New York, NY

8/06 Client Screening & Posture Analysis Workshop

Rolates, New York, NY

8/06 Correct Use of Feet in Pilates Workshop

Pilates on Tour, Denver, CO

7/06 Cadillac & Correct Use of Feet in Pilates Workshops

Studio Pilates, Madrid, Spain

6/06 Scoliosis & Concentration Workshops

Body Mind Spirit Conference, Santa Clara, CA

4/06 Reformer, Cadillac & Concentration Workshops

Pilates on Tour, Newport Beach, CA

2/06 Cadillac Workshop, Levels I & II

Mind Your Body Conference, Sydney, Australia

11/05 Scoliosis, Correct Use of Feet, Cadillac, Reformer & Postural Analysis Workshops

Pilates Method Alliance, Palm Desert, CA

11/05 Reformer & Concentration Workshops

Pilates on Tour, San Francisco, CA

7/05 Correct Use of Feet & Matwork Workshop

My Pilates Body, Los Angeles, CA

4/05 Workshop IV Teacher Training

Power Motion Pilates, Valley Village, CA

2/05 Correct Use of Feet in Pilates, Matwork & Scoliosis Workshop

Pilates Method Alliance, New Orleans, LA

10/04 Correct Use of Feet in Pilates Workshop

Mind & Body Wellness Studio, Ventura CA

7/04 Matwork & Correct Use of Feet in Pilates Workshop

Body Mind Spirit Conference, Santa Clara, CA

4/04 Correct Use of Feet in Pilates Workshop

Riverside Community College, Riverside, CA

Appendix A: Role Delineation Panel Members

3/04 Scoliosis Workshop

Body Mind Spirit Conference, Santa Clara, CA
5/03 Scoliosis Workshop

Body Arts & Science Int'l, Costa Mesa, CA
11/02 Scoliosis Workshop

Riverside Community College, Riverside, CA
6/01 Cadillac Workshop

A Body Prepared, Los Angeles, CA
9/00 Matwork & Reformer Workshop

The Golden Door, Escondido, CA
7/00 B.E.A.M. & Reformer Workshop

Body Line Studio, Los Angeles, CA
6/00 Scoliosis Workshop

Alternative Body Studio, Pacific Palisades, CA
5/00 Reformer Workshop

Alternative Body Studio, Pacific Palisades, CA
2/00 Scoliosis Workshop

Center for Mind Body Fitness, Minneapolis, MN
11/99 B.E.A.M.TM Technique for the Dancer
(B.E.A.M. = Breathe, Energize, Align, Move)

Greenwood Athletic Club, Denver, CO
10/99 Pilates Workshop

Mill Valley Health Club, Mill Valley, CA
9/99 Scoliosis Workshop

The Well-Tempered Workout, West Hollywood, CA
8/99 Scoliosis Workshop
6/99 Scoliosis Workshop
4/99 Scoliosis Workshop
3/99 Cadillac Workshop
2/99 Cadillac Workshop
8/98 Cadillac Workshop

The Honolulu Club, Honolulu, HI
8/98 Matwork Workshop

Peak Performance, San Francisco, CA
8/97 Pilates Matwork workshop

A Body Prepared, Los Angeles, CA
8/97 Level III Teacher Training

The Oasis, Dallas, TX
6/97 Scoliosis Workshop

Appendix A: Role Delineation Panel Members

Massage and Movement Arts, Denver, CO

5/97 Pilates Universal Reformer workshop
Introduction of B.E.A.M. (Breath Energize Align Move)
2/97 Pilates Matwork Routines workshop
10/94 Pilates Universal Reformer workshop
2/94 Pilates Matwork Routines workshop

Rancho La Puerta, Tecate, Mexico

8/94 Guest Instructor in the Pilates Method (for staff and clientele)

Watanabe Acupuncture Clinic, Los Angeles, CA

7/94 "Back Pain Prevention" workshop

1994 New World Fitness IDEA, Las Vegas, NV

6/94 Demonstrator for "Introduction to the Pilates Method" presented by Cathie Murakami

Santa Monica College, Santa Monica, CA

4/94 Guest Speaker for "Women in Transition," an organization dedicated to easing career changes

American Red Cross, San Fernando Valley, CA

3/94 "Finding Your Personal Epicenter," a relaxation workshop for recent earthquake victims

KTLK Talk Radio, Denver, CO

2/94 Guest speaker on "Pilates Method of Exercise"

Whole Life Expo (various cities)

3/93 "Back Pain Prevention" workshop, Pasadena, CA
10/92 "Perfect Posture, Ease of Motion" workshop, Los Angeles, CA
9/92 "Perfect Posture, Ease of Motion" workshop, New York, NY

PROFESSIONAL PERFORMING EXPERIENCE

1993 Cal Arts Dance Ensemble's Annual Faculty Alumni Concert
California Institute of the Arts, Valencia, CA

1988 Helena, A Midsummer Night's Dream
Off-Hollywood Showcase Theatre, Los Angeles, CA

1987 Toured Japan with Via L.A. Dancers
Creative Enterprise International Productions, Los Angeles, CA

1986-1987 Dancer/ Actor, In the Key of West
Tigertail Dance Productions, Miami, FL

1986 Dancer/Singer, A Man Has Gotta Sing
Deauville Hotel, Miami Beach, FL

1984-1986 Lead Dancer
Dinosaur Dance Company, Boston, MA

1982-1984 Lead Dancer
Dance Miami, Miami, FL

Appendix A: Role Delineation Panel Members

1979-1980	Ballet Hispanico of New York, New York City, NY
1976-1977	Corps de Ballet and Demi Soloist Frankfurt State Ballet, Frankfurt, West Germany
1973-1976	Corps de Ballet Geneva Ballet, Geneva, Switzerland

DANCE TRAINING

Ballet	School of American Ballet, New York City, NY Harkness House for Ballet Arts, New York City, NY David Howard, New York City, NY Stanley Holden, New York City, NY
Modern	Martha Graham School, New York City, NY Alvin Ailey Dance Center, New York City, NY
Jazz	Luigi, Ron Forella, New York City, NY Dupree Dance Academy, Los Angeles, CA
Ethnic	Pearl Primus, Teresita la Tana, New York City, NY

EXERCISE/MOVEMENT TRAINING

Pilates	Physicalmind Institute, Santa Fe, NM Kathy Grant Studio, New York, NY Carola Trier Studio, New York, NY Ron Fletcher Studio, Los Angeles, CA
Creative Movement	Elizabeth Bernard, New York City, NY
Effort/Shape Movement Analysis	NYU Dance Education Dept., New York, NY
Anatomy for Dancers	Irene Dowd, Dance Notation Bureau and Kinesiology, New York City, NY
Alexander Technique	Aileen Crow, New York City, NY
Yoga	Larchmont Center for Yoga, Los Angeles, CA The Yoga Institute of Miami, FL
Theatre	Aileen Passloff, Sara Neece, New York/Boston Ian Tucker, Guy Stockwell, Los Angeles, CA
Voice	Rachel LeBon, Miami, FL Diane Linder, Carlos Noble, Los Angeles, CA

PROFESSIONAL ORGANIZATIONS

Appendix A: Role Delineation Panel Members

2004-present	Advisory Board Member Pilates Style Magazine
2002-present	Pilates Method Alliance
1993-2009	International Association for Dance Medicine and Science
1992-present	Founding Member Physicalmind Institute, Santa Fe, NM
1988-present	IDEA (International Dance-Exercise Association)
1987-present	American College of Sports Medicine
1994-1996	Advisory Board Member Physicalmind Institute, Santa Fe, NM

KEVIN A. BOWEN

246 Bannock Street
Denver CO 80223

h | 720.542.8125
c | 305.335.9864

Kevin@theprimemale.com

Summary

Experienced management and business development professional with a global perspective on the fitness and wellness industry. Acknowledged forward thinking leader, engaging public speaker with a motivating and consensus building approach to business development and promotions. Savvy global perspective with a keen ability to manage multiple projects.

Skills and Accomplishments

Management:

- *Founded the Plates Method Alliance (PMA) the only International professional certification and membership organization in the US. Travelled extensively both in the US and abroad speaking and building the organization's far-reaching support.
- *Health Club and Fitness Management with David Barton Gym, Miami Beach, FL and New York City, NY, Pinnacle Fitness Clubs San Francisco.
- *Established, owned and operated Pilates exercise studios.
- *Managed Retail Stores and staff of up to 110 with The Gap.
- *International business perspective.
- *Supervisory and employee development experience

Training and Development:

- *Administrate/oversee a 500 hour Pilates instructor training program throughout 26 countries
- *Writing and editing training manuals and lesson plans

Marketing/Outreach:

- *Ad placement and copyrighting experience
- * Newsletter content and development
- *Art direction
- * Social media/Blog experience

Events and Conferences:

- *Conceived, organized and managed all annual conferences of the PMA.
- *Conceived, organized and managed annual fundraising and public awareness event Pilates Day for the PMA.
- *Conceived, organized and managed annual specialized award recognition event 'Return to Life Award'

Work Experience:

Peak Pilates, a division of Mad Dogg Athletics | Boulder CO **2010 - Present**
Director of Education

The Prime Male | **2011 – Present**
Founder
A forum for the wellness of men 40+ encompassing health, fitness, nutrition, and social living.

Pilates Method Alliance | Miami FL
Executive Director/CEO **2001 - 2007**
Co-Founder President/CEO

Pilates Miami/ Pilates Education Group | Miami FL **1997 - 2009**
President /Director/Founder
Pilates exercise studio and Pilates continuing education and comprehensive Pilates instructor training program.

Equinox Fitness Clubs | New York NY **1996**
Associate Group Fitness Director

David Barton Gym | Miami Beach FL + New York NY **1995 - 1996**
General Manager

Appendix A: Role Delineation Panel Members

Pinnacle Health Clubs, San Francisco, CA. Group Fitness Director

1994 - 1995

**Gap Inc. | San Francisco CA
Manager**

1991 – 1993

Education, Certifications + Affiliations

Education | University of South Florida, Tampa FL | Business Administration

Professional Certification |
PMA Certified Pilates Teacher

Professional Memberships |
Pilates Method Alliance (lifetime member)
American Society of Association Executives
Board Source

Professional Speaking Presentations
Body Mind Expo | Santa Clara CA
American Academy of Pain Management | Denver, CO
Pilates Method Alliance International Conference
World Spinning and Sport Conference
Clubes y Gimnasios | Mexico City, Mexico

#

Madeline Black
Owner and Director of Studio M
721 West Napa Street #B, Sonoma, CA 95476

Pilates Studio

Owner of Studio M, formerly A Body of Work, Sonoma 1995-present
Owner of A Body of Work, San Francisco, first Pilates studio in Bay Area 1989-1998

Certification Programs

Author of Institute of Pilates Method, now known as PhysicalMind, Second Edition of Certification Program called Initiation 101 and Mat Certification 1995-1997
Author and Director of two training videos for Institute of Pilates Method 1996
Certifying trainers: Institute of Pilates Method (1992-1997); Integrated Teacher Training 1997-2007; Board member of ITT Pilates, Integrated Teacher Training 2002-2007
BBU teacher training instructor for Japan

Presenter

Pilates Anytime-website PMA CEC training, classes 2011-2012
Pilates International, Florence Italy July 2011
Australian Pilates Method Association, May 2010
Madeline Black CEC courses, Gernamy, Italy, Dublin, Japan, US, England
Pilates Movement Center, Tokyo, Japan 2005, 2007, 2008; 2010
Kane School of Core Integration 2001, 2004, 2007; Sacrum and Upper Quarter workshops
Body Mind Spirit Expo presenter pre-conference and conference 2001-2009
Pilates On Tour, Domestic and Internationally 2005-present
Pilates Method Alliance Annual Conference 2004, 2006, 2007, 2008, 2010, 2011
Mary Bowen's Your Own Gym, Mat certification course, North Hampton MA 1995
NY and SF workshops co-presented with Marika Molnar sponsored by PMI 1996

Certifications

Pilates Method Alliance Certified Pilates Teacher 2008
ACE personal trainer since 1990 gold certified and CEC provider
ACSM Health and Fitness since 1990
Institute of Orthopedic Massage, Hendrickson Method, certified massage therapist 1997
Integrated Manual Therapy, Sharon Weiselfish, currently enrolled 1999-present
Gyrotonic® certifications in all apparatus and Gyrokinesis® since 1996
Tim Miller Ashtanga Teacher Training 2006, 2007, 2008

Education

B. S. in PE and Dance from Skidmore College, Saratoga Springs, NY 1979
Professional dancer 1980-1990
Jean Claude West and Anna Schmditz, Pilates 1988-1992
Irene Dowd anatomy and nueromuscular re-education 1988-89
Naja Cori, and Romana Kryzanowska, Pilates 1988-89; Eve Gentry, Pilates 1992-1994;
Ron Fletcher Workshops in Santa Fe 1993

Appendix A: Role Delineation Panel Members

Publications

Articles for Pilates-Pro; Pilates Style magazine, contributing writer 2005, 2009, 2010

Author of articles for Institute of Pilates Method membership newsletter 1996-1998

Author of 12 Pilates certification training manuals for ITT Pilates 2002-2007

Pat Lundgren Guyton
Master Pilates Teacher
PMA Gold Certified

Professional History

July 2005-Present	Owner and Director Pat Guyton Pilates, Inc. 3825 Iris Ave., Suite #300 Boulder, Colorado 80301 Studio.303.449.7284
2009 - Present	Franklin-Method® Educator Level III
2001-2008	PMA Board of Directors – Alumni Member
January 2003-2007	The Ron Fletcher Program of Study Co Director 3825 Iris Ave., Suite #300 Boulder, Colorado 80301
January 2004-2005	Master Pilates Teacher Colorado Health Quest 1800 30 th Street Suite 206 Boulder, CO 80301
January 1994-Present	Physical Medicine Assistant Boulder Osteopathic Center 2150 Pearl Street Boulder, Colorado 80302
January 1987-1994	Pilates Teacher The Centerworks 5383 Centennial Trail Boulder, Colorado 80303
September 1985-1987	Pilates Teacher Farentinos Gym & Stephan’s Studio Boulder, CO
1978- 1989	Choreographer, Coach, and Lecturer United States Gymnastics Federation
1976- 1986	Assistant Director Mary Staton Dance Ensemble

Pilates Method Training

Began teaching September 1985 with Stephan Frease.

Received training in September in 1986 with Bruce King, First Generation Master Pilates Teacher.

Received training in July 1992 with Kathy Grant, First Generation Master Pilates Teacher.

Began training with Ron Fletcher, First Generation Master Pilates Teacher, in October 1995.

- Completed over 90 workshops between October 1995 and December 2006, accumulating over 1800 training hours.
- Senior Teacher—Ron Fletcher Method. Certificate of Merit by Ron Fletcher in October 1997.
- Master teacher—Ron Fletcher Method. Certificate of Merit by Ron Fletcher in May 2000. Ron Fletcher Workshop Assistant 2000-2006
- Artistic Director of The Ron Fletcher Company in May 2006
- Master Teacher & Disseminators of the Fletcher Work May 2006

American Academy of Musculoskeletal Medicine

Presented Pilates Method at the following sponsored conferences:

- Getting a Grip on Low Back Pain, Vail, CO. July, 1995.
- Specifically the Neck, Vail, CO. July, 1996.
- Getting a Grip on Low Back Pain, Vail, CO. July, 1996.
- Getting a Grip on Low Back Pain, Denver, CO. July 23-26, 1997.
- Ankle, Knee, and Hip, Denver, CO. September 25-28, 1997.
- Millennia 2000: Sports Medicine, Las Vegas, NV. February 4-7, 1998.
- Shoulder, Elbow, and Wrist, Denver, CO. April 23-26, 1998.
- Ankle, Foot, Posture and Gait, Denver, CO. June 26-28, 1998.
- The Lumbo Sacral Spine, Denver, CO. July 23-25, 1998.
- Ankle, Knee and Hip, Denver, CO. September 24-26, 1998.
- Injection Extravaganza, Denver, CO. October 15-17, 1998.
- Posture, Diagnosis, and Treatment, Denver, CO. November 6-7, 1998.
- Posture, Diagnosis and Gait, Denver, CO. May 1-2, 1999.
- Shoulder, Ankle, and Gait, Denver, CO. June 24-26, 1999.
- Low Back in Musculoskeletal Medicine, Denver, CO. July 22-24, 1999.
- Ankle, Knee, and Hip, Denver, CO. August, 19-21, 1999.
- The Cervical Spine and Upper Extremity, Denver, CO. February 16-20, 2000.
- Low Back in Musculoskeletal Medicine, Denver, CO. June 15-17, 2000.
- Ankle, Knee, Hip in Musculoskeletal Medicine, Denver, CO. August 3-5, 2000.
- Upper Extremities, Denver, CO. February 22-24, 2001.
- Getting a Grip on Low Back Pain, Denver, CO. June 21-23, 2001.
- Below the Waist Workshop, Denver, CO. August 9-11, 2001.
- Above the Waist Workshop, Denver, CO. February 24, 2002.
- Below the Waist Workshop, Denver, CO. August 13-15, 2002.

Conferences, Appearances and Events

- Introduction to Ron Fletcher Work, Bluefield Medical Center, Bluefield, VA. November 4-6, 1999.
- American Academy of Osteopathy, Annual Convocation, Cleveland, OH. March 2000.
- Renewing Body and Soul Conference, Denver, CO. October 2000.
- Winter Intensive Course on Spine Corrector, Pilates Center, Boulder, CO. March 13, 2001.
- Essence of Movement Workshop, Guest Master Teacher. Colorado Springs, CO. September 8, 2001
- University of Colorado School of Music, Guest Master Teacher. Boulder, CO. Fall 2001.
- Power Plus Workshop Series, Guest Master Teacher. Denver, CO. February 25, 2001; April 16, 2001; July 28-29, 2001; October 26-27, 2001; November 16-17, 2001; December 14-15, 2001; January 18-19, 2002; February 22-23, 2002; March 15-16, 2002.
- Body Works Studio, Guest Master Teacher. Tucson, AZ. February 16-17, 2002.
- The Body Wellness Center, Guest Master Teacher. Cincinnati, OH. March 8-10, 2002.
- Core Fitness, Guest Master Teacher. Findlay, OH. November 1-3, 2002.
- Body Works Studio, Guest Master Teacher. Tucson, AZ. June, 2002.
- Pilates Method Alliance, Guest Teacher for Conference. Miami 2002.
- Body Wellness Center, Guest Master Teacher. Cincinnati, OH. February 28, March 1-2, 2003.
- Body, Mind, Spirit Exposition, Guest Presenter. San Jose, CA. May 8-10, 2003, 2004, 2005, 2006
- American Academy of Pain Management, Guest Speaker. Denver, CO. September 6, 2003.
- Physical Methods, Guest Master Teacher. Bethlehem, PA. September 19-21, 2003.
- Tower/ Guillotine Workshop, Collaboration of Pat Guyton Pilates, Inc. and Pilates of Boulder. Boulder, CO. September 17, 2005.
- Pilates on Tour, Newport Beach, 2004; Toronto and Denver, 2005.

Appendix A: Role Delineation Panel Members

- Canyon Ranch: Pilates Day, Guest Master Teacher. Canyon Ranch, AZ 2005.
- The Ron Fletcher Program of Study, 2002-2007
- Studio A, Guest Master Teacher. San Antonio, TX. September 26-28, 2003.
- Pat Guyton Pilates, Inc. Working the Spine March 24-25 2005
- International Student Workshop, Pat Guyton Pilates, Inc. November 13–16, 2006
- International Student Workshop, Pat Guyton Pilates, Inc. February 26 – March 1 2007
- Pat Guyton Pilates, Inc. Elements of Contrology for Physical Therapists March 29 – 3
- Encouraging the Application of Mat Work Into The Pilates Equipment Education
- Pilates Day: Mary Bowen and Magic Circle: May 17 2007
- Pilates Conservatory™: Unit 1 – Unit 4: Comprehensive Pilates Study, Sept – Dec, 2007
- Functional Posture and Spinal Mechanics for Pilates: Alycea Ungaro’s Real Pilates, New York City, September 22, 23 2007
- Encouraging the Application of Mat Work Into The Pilates Equipment Education: Center Pointe Pilates, Santa Barbara, January 4, 5, 6, 2008
- Pilates Conservatory™: Unit 1 – Unit 4: Comprehensive Pilates Study, April - Sept, 2008
- Looking Front – Working Back: Alycea Ungaro’s Real Pilates, New York City, May,17,18 2008
- Fundamentals of Pilates – Pilates Conservatory™ (In Japanese) Pat Guyton Pilates, Inc. June 16,17,18 2008
- Pilates: The Old is New and the New is Old: Swissbody Pilates, Geneva, Switzerland October 3,4,5 2008
- Pilates: The Old is New and the New is Old: Singapore, Oct 31,Nov 1, 2, 2008
- Spine Corrector Workshop: Fort Collins, Oct 22, 2008
- Pilates Conservatory™: Unit 1 Fundamentals: Inspiration to Movement, Phoenixville, PA, Dec, 6,7 2008
- Inspiration to Movement: Inservice: Philadelphia, Dec 6,7, 2008
- Centerpointe Pilates: The Old is New and The New is Old: Santa Barbara, CA. Jan 8, 9, 10 2009
- Pilates Center of Toledo: Looking Front – Working Back: Toledo, Ohio. January 23,24, 25 2009
- Bodies in Balance: The Old is New and The New is Old: Madison, New Jersey. Feb., 7,8 2009
- Pilates Bodyworks: Functional Movement Education For Everybody, Singapore. May21-,25 2009
- Pat Guyton Pilates: Climbing Upward From Your Plateau: Boulder, CO. June 2 – 5, 2010
- Core Pilates: Looking Front – Working Back: Louisville, KY. September 26 – 27, 2009
- Swissbody Pilates: Beginning and Intermediate Trapeze Table: October 19 – 23, 2009
- Centerpointe Pilates: Franklin-Method® Pelvic Power: Santa Barbara, CA. January 15, 2010
- Centerpointe Pilates: Progressing Forward: Santa Barbara, CA. January 16, 17. 2010
- Pilates Lab, Daiknyama: Fundamentals for Progression, Tokyo, Japan. February 25, 26 ,2010
- Pilates Lab, Daiknyama: Looking Front Working Back: Tokyo, Japan. February 27, 28, 2010
- Pilates Center of Toledo: Franklin-Method® Pelvic Power: January 12, 2010
- Pilates Center of Toledo: Progressing Forward: Toledo, Ohio. January 13, 14 2010
- Body, Mind, Spirit Conference: Shoulder Girdle for Cadillac & Reformer & SOS: April, 2010
- Pilates Alliance: Progressing Forward: Tokyo, Japan. June 6,7,8, 2010
- Pilates on Tour: Pilates Mat Work: Doing the Work and Feeling the Work: Denver, Colorado. August 1, 2010.
- Swissbody Pilates: The Wunda Chair: Geneva, Switzerland. October 18,19,20,21,22, 2010.
- Pilates Method Alliance Conference 2010: Doing the Work and Feeling the Work: Nov. 3,4,5 2010.
- Pilates Lab, Daiknyama: Extending Pilates: Tokyo, Japan. Dec. 2,3,4,5, 2010.
- Pilates Lab, Daiknyama: Progressing Forward: Fukuoka, Japan. Dec.10,11, 2010.
- Centerpointe Pilates: Extending Pilates: Santa Barbara, CA. January 2010.
- Franklin Method Pelvic Power: Santa Barbara, CA. January 2010.
- Pat Guyton Pilates, Inc: Pilates and Franklin Pelvic Power for Equestrians: Boulder, CO. 2010.
- Studio A Pilates: Pilates and the Franklin Pelvis: San Antonio, Texas: April 2011

Appendix A: Role Delineation Panel Members

- Studio A Pilates: Franklin Method Pelvic Power: San Antonio, Texas: April 2011 Pilates Salud: Extending Pilates: Mexico City, Mexico: May 2011.
- Pilates Salud: Franklin Method Pelvic Power: Mexico City, Mexico: May 2011.
- Pilates Salud: Franklin Method Liberate Your Neck and Release Your Shoulders: Mexico City, Mexico: May 2011.
- Pilates Alliance: Pilates: Wunda Chair: Tokyo, Japan: June 2011.
- Colorado Athletic Club: Franklin Method Pelvic Power: Boulder, CO. August, 2011.
- Pilates Center of Cincinnati: Extending Pilates: Cincinnati, OH, 2011.

Publications, Media and DVD Productions

- 1998 Daily Dozen For a Better Body. Collaborator on Posture Video.
- 2000 Conceived and launched initial www.ronfletcherwork.com website.
- 1987-05 Authored and Developed The Ron Fletcher Program of Study syllabus.
- 2002 The Ron Fletcher Program of Study Presents Towel Work.
- 2003 The Ron Fletcher Program of Study Presents Spine Corrector.
- 2003 The Ron Fletcher Program of Study Presents Mat work.
- 2010 Stretch Out Strap, Shoulder Girdle and Arm Work, Pat Guyton. OPTP, Minneapolis, MN 55447. ISBN 978-0-9799880-7-3
- 2011 Pilates Anytime: Mat Class January.
- 2011 Pilates Anytime: Spine Corrector Workshop, Spine Corrector Class, SOS and Mat Class, July.

Educational and Business Associations

- 2000-2003 President of Ron Fletcher Work Board of Directors.
- 2002-2008 Pilates Method Alliance Executive Board of Directors.
- 2003-2006 Co Owner and Co Director of the Ron Fletcher Program of Study.
- 2007-2008 Owner of Pilates Conservatory® - author of syllabus.
- 2008 June 29 Host Eric Franklin: Franklin-Method®
- 2008 Nov. 29 Host Eric Franklin: Franklin-Method®
- 2009 Host Eric Franklin: Franklin-Method® Level I Teacher Training
- 2009 Sept: Franklin-Method® Educator Level I - Certified
- 2010 Host Eric Franklin: Franklin-Method® Level II Teacher Training
- 2010 Sept: Franklin Method® Educator Level II - Certified
- 2011 Host Eric Franklin: Franklin Method® Level III Teacher Training
- 2011 Franklin Method® Educator Level III - Certified
- 2011 Pilates Anytime Distinguished Instructor

Shelly Power

1500 Monza Ave, Ste 350• Coral Gables, FL 33146• 305-740-6001x103• shelly@polestarpilates.com

Current Positions

Polestar Pilates Education, Director of Education; Curriculum Committee
Polestar Pilates Center Miami, Senior Pilates and Gyrotonic Instructor

Academic Education

California State University, Sacramento
Bachelor of Science Degree, Physical Education – Dance Option, May 1990

Professional Education

Franklin Method	2004/2005
Gyrotonic Expansion System Training – on going	1998-present
Internship, Pilates-based training with Brent Anderson, PT, OCS	1991-1993
Continuing Education with Pilates Master Trainers – on going	1991-present

Certifications

Pilates Method Alliance, CPT	2011
Gyrotonic Expansion System, Level 1	2009
Franklin Method Level 1	2005
Polestar Pilates Post-Rehabilitation (Graduate)	1997

Teaching Experience

Polestar Pilates Education, Principle Educator	1999-present
Polestar Pilates Center, Senior Pilates Instructor	1998-present
Healthsouth Physical Therapy, PT Aide/Pilates Instructor	1995-1998
Polestar Education, Assistant Instructor	1993-1999
California State University, Sacramento, PE/Dance Department	1992-1998
Anderson Physical Therapy, PT Aide/Pilates Instructor	1990-1995

Professional Presentations

Polestar International Conference, San Diego California	2011
Polestar Educator Training, Seoul Korea	2010
Polestar Asia Conference, Singapore	2010
Pilates Roundtable, Palm Beach Florida	2010

Appendix A: Role Delineation Panel Members

Polestar International Conference, Sydney Australia	2010
Polestar International Conference, Salvador Brazil	2009
Pilates Method Alliance Conference, Palm Springs California	2008
Polestar International Conference, Köln Germany	2008
Pilates Style Conference, Florida	2007
Pilates Day	2007
Invited speaker - Papanicolaou Corps for Cancer Research, Hellenic Unit, Miami	2007
Polestar Australia Conference, Sydney Australia	2007
Pilates Day	2006
Polestar Asia Conference, Bali	2005
Multi-Trax Convention, London England	2005
Polestar Asia Conference, Khao Lak, Thailand	2004
Taiwan Dance Medicine Conference, Taiwan	2004
Filex Fitness Conference, Sydney Australia	2004
IADMS, Laban Center, London England	2003
Polestar International Conference, Miami	2001-2006
World Class Conference, Moscow Russia	2001

Professional Organizations

Pilates Method Alliance	2001-present
International Association for Dance Medicine and Science	1996-present

Video/Television

Balanced Body/Polestar Podcasts	2009
Polestar Pilates Educational Video Library Studio, Rehabilitation, Reformer, Mat	2007
Pilates IQ Reformer Introductory Video	2005
Ultra Fit Circle Introductory Video	2002
CNN Headline News	2002

Print

Personal Trainer for Women, UK Ball workout	2004
Personal Trainer for Women, UK Ring workout	2004
Women's Fitness and Health, Australia Ring Workout	2003

Curriculum Vitae

Sherri R. Betz, PT, GCS, CEEAA, PMA®-CPT

920-A 41st Avenue
Santa Cruz, CA 95062

(831) 476-3100
email: Sherri@TheraPilates.com

CAREER OBJECTIVE

Expanding community-based exercise programs for older adults with osteoporosis, integration of the Pilates-evolved Polestar philosophy into my practice, continuing the research of the efficacy of Pilates on bone mineral density, fracture prevention, and respiratory function, developing the repertoire of Pilates programs in the treatment of specific conditions while continuing to develop my skills in pelvic girdle and spinal dysfunction, osteoporosis education, women's health issues and geriatrics.

EDUCATION

Louisiana State University Medical Center
Bachelor of Science in Physical Therapy 1991

AUTHORSHIP

The Osteoporosis Exercise Book: Building Better Bones: 1999 and 2nd Edition 2009, Pilates for Osteoporosis DVD: 2000, Dealing with Acute Low Back Pain DVD: 2001, Prenatal Pilates DVD: 2002, Pilates for Seniors DVD: 2003, Pre-Pilates for Rehabilitation DVD: 2009, Pilates Reformer for Osteoporosis DVD: 2012 Contributor to PMA Pilates Certification Exam® Study Guide: 2005, Item writer for Pilates Method Alliance Certification Exam®. Do it Right and Prevent Fractures Booklet Collaborative Project for ABH and APTA-Geriatric Section.

CERTIFICATIONS

Geriatric Clinical Specialist: APTA Board Certification
Polestar Pilates Rehabilitation Advanced Teacher Program Graduate
Pilates Method Alliance Certified Teacher #10001
Licensed Fletcher Pilates Towelwork and Spine Corrector Provider
Ron Fletcher Pilates Program of Study Graduate
Redcord: Neurac Practitioner
Gyrotonic® Instructor
Gyrokinesis™ Instructor
CEEAA: APTA-Geriatrics Section: Certified Exercise Expert for Aging Adults
Fallproof: Debra Rose, PhD, Cal State Fullerton (currently pursuing)

EXPERIENCE

6/01-present Owner/ Director of TheraPilates® Physical Therapy Clinic
1/00-present Polestar Pilates Principal Educator
2003-2010 Elected to Board of Directors – Pilates Method Alliance
Serving as Vice President since Jan 2009
2/2010 Elected to Vice-Chair of Bone Health SIG APTA Geriatrics Section
2005 Served on the National PMA Pilates Certification Exam® Committee
2008-Present FORE: Foundation for Osteoporosis Research and Education
Professional Education Committee Member
2011-Present ABH (American Bone Health) Board Member

Sherri R. Betz, PT, GCS

- 2012-Present NOF (National Osteoporosis Foundation: Exercise and Rehabilitation Advisory Council
- 01/99 to 2000 Osteo Physical Therapy: Owner-Los Gatos, CA
Developed the Pilates for Osteoporosis course that I have taught worldwide since 2000.
- 01/98 to 12/98 Osteo Physical Therapy: Owner- Princeton, NJ
• Contract PT services, Home Care PT, Nutritional Counseling, Osteoporosis Exercise Programs, Corporate Wellness Programs, Women's Wellness Workshops, Menopause Education & Lectures. Educator for Merck to train Physicians and Nurses in the treatment of Osteoporosis.
- 4/97-12/98 Robert Wood Johnson University Hospital: Director of Rehab Services-Hamilton, NJ
- 6/96-4/97 Traveling Physical Therapy Assignments:
• St. Joseph's Medical Center, Savannah, GA- *Staff PT.*
• Wingate at Dutchess, Fishkill, NY- *Staff PT*
• Milford Manor, West Milford, NJ- *PT Department Supervisor*
- 3/95-5/96 Haven Rehabilitation Center: Clinical Coordinator- Ferriday, LA
- 1/95-3/95 Castle Medical Center/Work Well Rehabilitation Center for Industrial Rehabilitation: Staff PT- Kailua, HI
- 1/93-12/95 Aiea Physical Therapy: Staff PT- Aiea, HI
- 3/89-12/92 Tri-State Physical Therapy: Clinical Director- Shreveport, LA

HONORS

- Nominated for the American Physical Therapy Association's *Clinical Excellence in Geriatrics Award* in 2005
- LSU Medical Center Award for Excellence in Allied Health
- LSUMC Nominee Dean's Award for Excellence in Allied Health
- LSU Allied Health Physical Therapy Vice President
- Pikes Peak College Phi Theta Kappa Honor Society

ACTIVITIES

- Chair, APTA Geriatric Section Bone Health Special Interest Group
- Chair, Research Committee: Pilates Method Alliance
- Volunteer and Spokesperson for American Bone Health
- Chair, American Bone Health, Monterey Bay Chapter
- Secretary, San Jose District California Physical Therapy Association

**920-A 41st Avenue
Santa Cruz, CA 95062**

**(831) 476-3100
email: Sherri@TheraPilates.com**

Sherri R. Betz, PT, GCS

- Vice President, Pilates Method Alliance, Board Member 2003-2010
- American Physical Therapy Association (APTA) member since 1989
- Women's Health, Geriatrics, Orthopedic Sections APTA member
- Louisiana Physical Therapy Association Newsletter Chairman

LICENSURE

- California P.T. #23174
- Georgia P.T. #005327
- Hawaii P.T. #1164
- Louisiana P.T. # 1405
- Massachusetts P.T. #11000
- New Jersey P.T. #QA07002
- New York P.T. #014923-1

CONTINUING EDUCATION

• Mary Massery's Breathing and Postural Control 16 hr Course	Feb	12
• Jillian Hessel Pilates: Learning from 3 Masters Scoliosis Course	Jul	11
• Ron Fletcher Pilates Year-Long Program of Study Graduate	Aug	11
• CEEAA: Certified Exercise Expert for Aging Adults Graduate	Mar	11
• Diane Lee: Rehabilitation of the Abdominal Wall Course	Feb	11
• Certified Exercise Expert for Aging Adults(CEEAA) Certification	Mar	11
• Fallproof: Debra Rose, Phd Cal State Fullerton Program	Aug	10
• USCF Osteoporosis Symposium	Jul	10
• Focus: Aging in America – ExPAAC Conference	Jul	10
• Fletcher Pilates Spine Corrector Licensing Course	Jul	10
• Ron Fletcher Pilates Intensive: Passing the Torch	Mar	10
• Paul Hodges: 2 day CSM Course	Feb	10
• Geriatric Orthopedics Course – Carole Lewis, PhD, PT	Sep	09
• Fletcher Pilates Towelwork Licensing Course	Jul	09
• John Sievert, PT: 1 yr Long-Term Manual Therapy Course	2009-	10
• CSM Bone Health Across the Lifespan Warden and Fuchs	Feb	09
• Redcord: Norwegian Sling System - Øyvind Pedersen, PT	Apr	08
• Critical Reasoning 3 & 4 – Brent Anderson, PhD, PT	Jan	07
• Critical Reasoning 1 & 2 – Alastair Greetham, PT	Jan	07
• Pilates and Spinal Rotation – Marin Wilde	Nov	06
• Intervertebral Movement – Irene Dowd	Nov	06
• The Knee – Irene Dowd	Nov	06
• Classical Pilates – Peter Fiasca	Sept	06
• Critical Reasoning 3 & 4 – Brent Anderson, PhD, PT	Jun	06
• Franklin Method Dance Conditioning & The Feet	Mar	06
• Pilates Historical Perspective – Jay Grimes	Mar	06
• Low Back Pain and Pilates Research- Brent Anderson, PhD	Apr	06
• Psychology of Pilates – Michele Larsson	Apr	06
• Chair with Julian Littleford	Apr	06
• Wunda Chair with Rael Isaacovitz	Apr	06
• Critical Reasoning 1 & 2 – Brent Anderson, PhD, PT	Dec	05
• Pilates and Psyche – Mary Bowen	Apr	05
• Pilates with Ron Fletcher	Apr	05
• Franklin Method – Imagery for the Spine	July	05

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Appendix A: Role Delineation Panel Members

Sherri R. Betz, PT, GCS

• Body Rolling® Level Certification-Yamuna Zake	May	03
• Functional Relationships of the Lower Kinematic Chain Allyson Cabot, PT and Gabrielle Shrier, PT	Apr	03
• Pilates for Repetitive Stress Injuries-Suzanne Martin, DPT	Apr	03
• Critical Reasoning – Brent Anderson, PhD, PT	Dec	05
• Healing Knees with Pilates-Nora St.John	Apr	03
• Core Awareness: the Psoas Muscle-Liz Koch	Apr	03
• Pilates and the Knee-Christine Romani-Ruby, MPT	Apr	03
• Eric Franklin – Pelvic Floor Anatomy & Imagery	Apr	03
• Chronic Pelvic Pain	Apr	03
• Advanced Spine- Brent Anderson	Mar	03
• Connective Tissue Disease	Mar	03
• Osteoporosis: Prevention/Rx Vertebral Fractures-Shipp	Mar	03
• Pelvic Muscle Force Field and the Mature Woman	Feb	03
• Lumbopelvic Dysfunction during Pregnancy/Postpartum	Feb	03
• Scapular Stabilization Course-Rael Isaacowitz	Jan	03
• Fibromyalgia Syndrome	Jan	03
• Gyrotonic® Certification	Feb	02
• Osteoporosis:Rx Strategy-Sara Meeks, PT	Jan	02
• Gyrokinesis® Certification	May	01
• Integrative Manual Therapy for Women's and Men's Health Issues-Sharon Weiselfish-Giammatteo	Dec	98
• Alternative Medicine -INR	Feb	98
• Merck Osteoporosis Advocate Program	Aug	98
• Polestar Pilates Rehabilitation Teacher Training Program	1997-	99
• The Physioroller-Donna Knorr	Nov	97
• Myofascial Release-Maria Alfieris	Oct	97
• The Power of Healing-Andrew Weil/Chris Northrup	Oct	97
• Elderly Wellness Programs-Ellen Zambo-Anderson	Sep	97
• Women's Health for PT's-Elizabeth Noble	Jul	97
• Osteoporosis-Kathy Shipp	Jul	97
• Balance - Falls in the Elderly	Oct	96
• The Pelvic Girdle-Richard Jackson	Mar	96
• NDT Principles in Pediatrics	May	95
• Strain and Counterstrain	May	94
• Knee and Shoulder Update	Jun	94
• Total Knee and Shoulder Replacement	Jun	93
• Exercise Physiology for the Lumbopelvic Region	Jun	93
• S.I. Joint/Hips Cadaver Dissection	Jun	93
• Lumbopelvic Region-Surgical Options	Jun	93
• Knee Rehabilitation: Update for the 90's	Sep	92
• Medical Exercise Therapy-Scandinavian Approach	Apr	92
• Pelvic Girdle Dysfunction-Ginger Loffin, PT	Dec	91
• Mechanical Low Back Pain & Functional Anatomy	Nov	91
• Foot and Ankle Rehabilitation	Oct	91
• Introduction to NDT	Oct	90
• Physical Therapy of the Shoulder-Robert Donatelli	Oct	90
• Feldenkrais® "Breaking Habits"	Oct	90
• Fitness Level 1 - Kenneth Cooper	Mar	88
• Nautilus Instructor Certification	Feb	84

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Appendix A: Role Delineation Panel Members

Alan Herdman studied at the London School of Contemporary Dance and was working as a teacher and dancer when, in the late 1960s, he was invited to New York to learn about the Joseph Pilates Method. There he worked intensively with Carola Trier and Bob Fitzgerald, two instructors who had been trained by Pilates himself. Although well-regarded amongst New York's dance fraternity, Pilates was unknown in the UK at that time and Alan returned in 1970 to set up Britain's first-ever Pilates studio. Among his first clients were actors, dancers and singers, but word soon spread as doctors and physiotherapists began recommending Pilates to patients struggling with chronic injuries.

Alan now lectures on Pilates around the world, and he has written several successful books, including *The Pilates Directory* (2004), *The Gaia Busy Person's Guide to Pilates* (2003) and *Pilates: Creating the Body You Want* (1999). He runs a training course for Pilates instructors and, as well as running his own studios, he and his assistants teach in dance schools and designated Pilates studios internationally.

Pilates Method Alliance

Role Delineation Revision Meeting

Location	Palm, Springs, CA
Date	01 & 02 November 2011
Time	01: 0900 to 1700 02: 0900 to 1500
Facilitator	James A. Penny, PhD Senior Psychometrician Castle Worldwide
Host	Ray Infante Communications Coordinator PMA

Schedule of Activities

1. Introductions
2. Description of charge to the panel
 - a. Why we are here
 - b. The intent of the work
3. Description of meeting ground rules
 - a. Breaks
 - b. Lunch
 - c. Discussion
 - d. Consensus
 - e. Statistical consensus
 - f. Work groups
 - g. Word files
4. Description of the target audience
 - a. Who takes the PMA exam
5. Description of roles
 - a. Host
 - b. Facilitator
6. Review of current classification system
 7. Workgroup review of content within domains
 - a. Rotation of domains
 8. Workgroup discussion of congruence of new outline with old outline
 - a. Missing content
 9. Extraneous content
 9. Whole group consensus on content outline
 10. Statistical validation of content outline

Notes:

1. Lunch will be held at about noon.
2. Breaks are not scheduled.
3. Please put cell phones on silent.

PMA [J Penney]

Log In

Welcome to the Pilates Method Alliance (PMA) Certified Pilates Teacher Validation Survey. Your thoughtful input is invaluable to helping the PMA establish and advance the teaching of Pilates as a profession.

Please enter the access code from your survey invitation.

If you experience problems with your access code, please contact Castle's survey administrator at help@CastleSurveyAdmin.com

ACCESS CODE:

Save | Continue to move forward or to save responses before selecting **Exit**. Current page responses are not saved until **Save | Continue** is selected.

Exit Survey to exit survey and return later. You will be returned to the same page from which you exited. Current page responses will not be saved until **Save | Continue** is selected.

PMA [J Penney]

Welcome

Welcome to the **PMA Certified Pilates Teacher** survey.

Please complete this survey by **February 27, 11:59 p.m. (EST)**.

The Pilates Method Alliance (PMA) is conducting an analysis of the responsibilities of the PMA Certified Pilates Teacher. In the survey, we ask that you rate these responsibilities (i.e., tasks), as identified by a panel of your peers. The survey is one part of the test development standards that the PMA has adopted in revising the Pilates Teacher certification program. By completing the survey in its entirety, you will be making an important contribution to the work of the PMA and to the quality assurance steps it is taking to ensure that the new PMA Certified Pilates Teacher certification examination is valid and fair.

Survey Organization

The survey consists of the following pages:

- Welcome
- Completing the Survey (Instructions)
- Domain 1: Assessment and Evaluation (5 task statements)
- Domain 2: Teaching (7 task statements)
- Domain 3: Reassessment (3 task statements)
- Demographics (15 questions)
- Thank You

The survey should take approximately **30 minutes** to complete. All responses will be kept confidential and your individual responses will not be released. All results submitted to the PMA will be reported in aggregate. You will not need to complete the online survey at one sitting, but can return multiple times.

If you experience any technical problems, please contact Castle's survey administrator at help@CastleSurveyAdmin.com.

PMA [J Penney]

Exam Purpose and Target Audience

Eligibility requirements:

The exam is available to any Pilates teacher regardless of their Pilates training background who meets ONE of the following eligibility requirements:

1. Documented completion of a minimum 450-hour comprehensive Pilates teacher training program, or
2. Documented 720 hours of comprehensive Pilates employment within the last 12 months.

Definition of the certified Pilates Teacher:

The PMA Certified Pilates Teacher creates and implements safe and effective individualized programs to apparently healthy clients to improve health and fitness through exercise and physical activity. The goal of a PMA Certified Pilates Teacher is to impart the knowledge, skill and confidence for clients to exercise for a lifetime. By awarding the title of Certified Pilates Teacher, PMA is formally recognizing the Pilates teacher who has provided evidence that he or she meets accepted professional standards.

Prev to go back.

Save | Continue to move forward or to save responses on current page before selecting **Exit Survey**.

Exit Survey to exit survey and return later. You will be returned to the same page from which you exited. Current page responses will not be saved until **Save | Continue** is selected.

PMA [J Penney]

Completing the Survey

There are two parts to the survey:

Task Evaluation: Tasks are specific statements of responsibility that PMA Certified Pilates Teachers have in each domain. In the section of the survey addressing the validation of tasks, you are asked to rate the tasks required for competent performance as a PMA Certified Pilates Teacher in each domain. The series of tasks in a domain collectively form a comprehensive and detailed description of that domain. Typically, task statements answer such questions as: What activity is performed? To whom or to what is the activity directed? Why did you perform that activity?

Demographics: In this section, you will be asked to provide some background information about yourself. This information will be provided only in aggregate to the PMA.

PMA [J Penney]

How to rate the tasks:

When evaluating the task statements, you will be asked to rate their importance, criticality, and frequency.

Importance:

How essential is the task to the competent performance of the PMA Certified Pilates Teacher?

- Of No Importance
- Of Little Importance
- Moderately Important
- Very Important
- Extremely Important

Criticality:

To what degree would the PMA Certified Pilates Teacher's inability to perform duties in each major task area be seen as causing harm to the client or other stakeholders? (Harm may be seen as physical, psychological, emotional, legal, financial, etc.)

- No Harm
- Minimal Harm
- Moderate Harm
- Substantial Harm
- Extreme Harm

Frequency:

Frequency refers to the time that the PMA Certified Pilates Teacher spends performing duties that require proficiency in the task.

- Never
- Rarely (once per year)
- Sometimes (once per month)
- Often (once per week)
- Repeatedly (once per day)

Survey Navigation

- Each page will be saved and you will be advanced to the next page when you click "Save | Continue" at the bottom of the page.
- Do not use your browser navigation buttons to go back or advance because your information will not be saved.
- To exit the survey temporarily, click "Save | Continue" at the bottom of the page then "Exit Survey" at the top right corner. This will save your responses to that point and you can re-enter

PMA [J Penney]

later to finish.

Prev to go back.

Save | Continue to move forward or to save responses on current page before selecting **Exit Survey**.

Exit Survey to exit survey and return later. You will be returned to the same page from which you exited. Current page responses will not be saved until **Save | Continue** is selected.

PMA [J Penney]

Domain 1: Assessment and Evaluation

Please rate the Importance, Criticality and Frequency of Tasks 1 - 5, using the scales defined below.

Importance:

How essential is the task to the competent performance of the PMA Certified Pilates Teacher?

- Of No Importance
- Of Little Importance
- Moderately Important
- Very Important
- Extremely Important

Criticality:

To what degree would the PMA Certified Pilates Teacher's inability to perform the task be seen as causing harm to the client or other stakeholders? (Harm may be seen as physical, psychological, emotional, legal, financial, etc.)

- No Harm
- Minimal Harm
- Moderate Harm
- Substantial Harm
- Extreme Harm

Frequency:

Frequency refers to the time that the PMA Certified Pilates Teacher spends performing the task.

- Never
 - Rarely (once per year)
 - Sometimes (once per month)
 - Often (once per week)
 - Repeatedly (once per day)
-
-

PMA [J Penney]

IMPORTANCE:

How essential is it that the PMA Certified Pilates Teacher be able to:

	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
Task 1: Obtain medical, health, exercise history, and lifestyle information using questionnaires, interviews, and other records provided voluntarily by the client (e.g., medical records, former fitness records, previous Pilates programs) in order to evaluate the client and design a safe Pilates exercise program or to determine the need for a medical referral prior to commencement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 2: Identify risk factors and co-morbidities (e.g., medications, surgeries, injuries, systemic illness, physical disabilities, psychological disabilities) by reviewing information gathered that might preclude or limit participation in a Pilates exercise program without a medical release.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 3: Evaluate, discuss, determine, and prioritize goals with the client, based upon both subjective and objective information provided from assessment to create an effective Pilates exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 4: Identify muscular imbalances and asymmetries that may affect a client's posture, movement, balance, and coordination using observation and movement assessment skills in order to develop an appropriate Pilates exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 5: Identify information that pertains to the special conditions of a client with a medical release in order to develop and design an appropriate Pilates exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PMA [J Penney]

CRITICALITY:

To what degree would the PMA Certified Pilates Teacher's inability to perform the following tasks be seen as causing harm to the client or other stakeholders?

	No Harm	Minimal Harm	Moderate Harm	Substantial Harm	Extreme Harm
Task 1: Obtain medical, health, exercise history, and lifestyle information using questionnaires, interviews, and other records provided voluntarily by the client (e.g., medical records, former fitness records, previous Pilates programs) in order to evaluate the client and design a safe Pilates exercise program or to determine the need for a medical referral prior to commencement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 2: Identify risk factors and co-morbidities (e.g., medications, surgeries, injuries, systemic illness, physical disabilities, psychological disabilities) by reviewing information gathered that might preclude or limit participation in a Pilates exercise program without a medical release.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 3: Evaluate, discuss, determine, and prioritize goals with the client, based upon both subjective and objective information provided from assessment to create an effective Pilates exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 4: Identify muscular imbalances and asymmetries that may affect a client's posture, movement, balance, and coordination using observation and movement assessment skills in order to develop an appropriate Pilates exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 5: Identify information that pertains to the special conditions of a client with a medical release in order to develop and design an appropriate Pilates exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PMA [J Penney]

FREQUENCY:

How often would the PMA Certified Pilates Teacher be expected to:

	Never	Rarely	Sometimes	Often	Repeatedly
Task 1: Obtain medical, health, exercise history, and lifestyle information using questionnaires, interviews, and other records provided voluntarily by the client (e.g., medical records, former fitness records, previous Pilates programs) in order to evaluate the client and design a safe Pilates exercise program or to determine the need for a medical referral prior to commencement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 2: Identify risk factors and co-morbidities (e.g., medications, surgeries, injuries, systemic illness, physical disabilities, psychological disabilities) by reviewing information gathered that might preclude or limit participation in a Pilates exercise program without a medical release.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 3: Evaluate, discuss, determine, and prioritize goals with the client, based upon both subjective and objective information provided from assessment to create an effective Pilates exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 4: Identify muscular imbalances and asymmetries that may affect a client's posture, movement, balance, and coordination using observation and movement assessment skills in order to develop an appropriate Pilates exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 5: Identify information that pertains to the special conditions of a client with a medical release in order to develop and design an appropriate Pilates exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Domain 1 Comments:

Prev to go back.

Save | Continue to move forward or to save responses on current page before selecting **Exit Survey**.

Exit Survey to exit survey and return later. You will be returned to the same page from which you exited. Current page responses will not be saved until **Save | Continue** is selected.

PMA [J Penney]

PMA [J Penney]

Domain 2: Teaching

Please rate the Importance, Criticality and Frequency of Tasks 1 - 7, using the scales defined below.

Importance:

How essential is the task to the competent performance of the PMA Certified Pilates Teacher?

- Of No Importance
- Of Little Importance
- Moderately Important
- Very Important
- Extremely Important

Criticality:

To what degree would the PMA Certified Pilates Teacher's inability to perform the task be seen as causing harm to the client or other stakeholders? (Harm may be seen as physical, psychological, emotional, legal, financial, etc.)

- No Harm
- Minimal Harm
- Moderate Harm
- Substantial Harm
- Extreme Harm

Frequency:

Frequency refers to the time that the PMA Certified Pilates Teacher spends performing the task.

- Never
 - Rarely (once per year)
 - Sometimes (once per month)
 - Often (once per week)
 - Repeatedly (once per day)
-
-

PMA [J Penney]

IMPORTANCE:

How essential is it that the PMA Certified Pilates Teacher be able to:

	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
Task 1: Develop and design a client's program incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science utilizing information gathered during the assessment to deliver a successful Pilates exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 2: Implement, progress, and modify a client's program, incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science to optimize Pilates benefits for clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 3: Use individual and/or group Pilates teaching skills (e.g., verbal and tactile cueing, imagery, pacing, spotting, demonstration) to educate clients in appropriate and efficient exercise and movement technique as it pertains to the Pilates method.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 4: Employ comprehensive Pilates syllabus and philosophy to provide a healthy and safe movement session. (e.g., Reformer, Trapeze Table, Chairs, Barrels, Ped-O-Pull, Mat, Magic Circle, Foot Corrector, Toe Corrector, Finger Corrector, Pin Wheel, Head Harness, Weighted Shoe, Bean Bag).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 5: Record the client's ongoing progress using subjective and objective measures (e.g., chart, notes) to assure the Pilates program matches client's status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 6: Continually assess the client's current status, adjust the Pilates program using observation and communication, and modify exercises for any special circumstances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 7: Evaluate and adjust Pilates exercise environment (e.g., light source, noise level, room temperature, home programs) for client's optimal learning experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PMA [J Penney]

CRITICALITY:

To what degree would the PMA Certified Pilates Teacher's inability to perform the following tasks be seen as causing harm to the stakeholders?

	No Harm	Minimal Harm	Moderate Harm	Substantial Harm	Extreme Harm
Task 1: Develop and design a client's program incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science utilizing information gathered during the assessment to deliver a successful Pilates exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 2: Implement, progress, and modify a client's program, incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science to optimize Pilates benefits for clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 3: Use individual and/or group Pilates teaching skills (e.g., verbal and tactile cueing, imagery, pacing, spotting, demonstration) to educate clients in appropriate and efficient exercise and movement technique as it pertains to the Pilates method.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Task 5: Record the client's ongoing progress using subjective and objective measures (e.g., chart, notes) to assure the Pilates program matches client's status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 6: Continually assess the client's current status, adjust the Pilates program using observation and communication, and modify exercises for any special circumstances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 7: Evaluate and adjust Pilates exercise environment (e.g., light source, noise level, room temperature, home programs) for client's optimal learning experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PMA [J Penney]

FREQUENCY:

How often would the PMA Certified Pilates Teacher be expected to :

	Never	Rarely	Sometimes	Often	Repeatedly
Task 1: Develop and design a client's program incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science utilizing information gathered during the assessment to deliver a successful Pilates exercise program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 2: Implement, progress, and modify a client's program, incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science to optimize Pilates benefits for clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 3: Use individual and/or group Pilates teaching skills (e.g., verbal and tactile cueing, imagery, pacing, spotting, demonstration) to educate clients in appropriate and efficient exercise and movement technique as it pertains to the Pilates method.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 4: Employ comprehensive Pilates syllabus and philosophy to provide a healthy and safe movement session. (e.g., Reformer, Trapeze Table, Chairs, Barrels, Ped-O-Pull, Mat, Magic Circle, Foot Corrector, Toe Corrector, Finger Corrector, Pin Wheel, Head Harness, Weighted Shoe, Bean Bag).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 5: Record the client's ongoing progress using subjective and objective measures (e.g., chart, notes) to assure the Pilates program matches client's status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 6: Continually assess the client's current status, adjust the Pilates program using observation and communication, and modify exercises for any special circumstances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 7: Evaluate and adjust Pilates exercise environment (e.g., light source, noise level, room temperature, home programs) for client's optimal learning experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Domain 2 Comments:

PMA [J Penney]

Prev to go back.

Save | Continue to move forward or to save responses on current page before selecting **Exit Survey**.

Exit Survey to exit survey and return later. You will be returned to the same page from which you exited. Current page responses will not be saved until **Save | Continue** is selected.

PMA [J Penney]

Domain 3: Reassessment

Please rate the Importance, Criticality and Frequency of Tasks 1 - 3, using the scales defined below.

Importance:

How essential is the task to the competent performance of the PMA Certified Pilates Teacher?

- Of No Importance
- Of Little Importance
- Moderately Important
- Very Important
- Extremely Important

Criticality:

To what degree would the PMA Certified Pilates Teacher's inability to perform the task be seen as causing harm to the client or other stakeholders? (Harm may be seen as physical, psychological, emotional, legal, financial, etc.)

- No Harm
- Minimal Harm
- Moderate Harm
- Substantial Harm
- Extreme Harm

Frequency:

Frequency refers to the time that the PMA Certified Pilates Teacher spends performing the task.

- Never
 - Rarely (once per year)
 - Sometimes (once per month)
 - Often (once per week)
 - Repeatedly (once per day)
-
-

PMA [J Penney]

IMPORTANCE:

How essential is it that the PMA Certified Pilates Teacher be able to:

	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
Task 1: Periodically reassess and realign short and long-term Pilates program goals and content, using movement assessment skills and interactive discussion to match program with client's level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 2: Reassess client's status following a hiatus from program (e.g., illness, accident, trauma, general de-conditioning and/or change of teacher or studio) using movement assessment skills for both subjective and objective measures and conduct new intake, medical release, history, and evaluation as appropriate to establish current goals and to revise the program for a safe and effective Pilates exercise experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 3: Reassess client's status and progress using subjective and objective measures to redirect client, if needed, toward a different learning environment (e.g., group classes, private instruction, home programs) in order to improve the learning experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CRITICALITY:

To what degree would the PMA Certified Pilates Teacher's inability to perform the following tasks be seen as causing harm to the client or other stakeholders?

	No Harm	Minimal Harm	Moderate Harm	Substantial Harm	Extreme Harm
Task 1: Periodically reassess and realign short and long-term Pilates program goals and content, using movement assessment skills and interactive discussion to match program with client's level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 2: Reassess client's status following a hiatus from program (e.g., illness, accident, trauma, general de-conditioning and/or change of teacher or studio) using movement assessment skills for both subjective and objective measures and conduct new intake, medical release, history, and evaluation as appropriate to establish current goals and to revise the program for a safe and effective Pilates exercise experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 3: Reassess client's status and progress using subjective and objective measures to redirect client, if needed, toward a different learning environment (e.g., group classes, private instruction, home programs) in order to improve the learning experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PMA [J Penney]

FREQUENCY:

How often would the PMA Certified Pilates Teacher be expected to :

	Never	Rarely	Sometimes	Often	Repeatedly
Task 1: Periodically reassess and realign short and long-term Pilates program goals and content, using movement assessment skills and interactive discussion to match program with client's level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 2: Reassess client's status following a hiatus from program (e.g., illness, accident, trauma, general de-conditioning and/or change of teacher or studio) using movement assessment skills for both subjective and objective measures and conduct new intake, medical release, history, and evaluation as appropriate to establish current goals and to revise the program for a safe and effective Pilates exercise experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Task 3: Reassess client's status and progress using subjective and objective measures to redirect client, if needed, toward a different learning environment (e.g., group classes, private instruction, home programs) in order to improve the learning experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Domain 3 Comments:

Prev to go back.

Save | Continue to move forward or to save responses on current page before selecting **Exit Survey**.

Exit Survey to exit survey and return later. You will be returned to the same page from which you exited. Current page responses will not be saved until **Save | Continue** is selected.

PMA [J Penney]

PMA [J Penney]

Demographics

Please answer all questions. Responses are confidential and will be reported only in aggregate.

1. What is your gender?

- Male
- Female

2. What is your age?

- Less than 20
- 20 to 25 years
- 26 to 30 years
- 31 to 35 years
- 36 to 40 years
- 41 to 45 years
- 46 to 50 years
- 51 to 55 years
- Greater than 55

PMA [J Penney]

3. What is your ethnic background?

- African American
- Asian American
- Caucasian/White
- Latino/Hispanic
- Native American
- Other

4. In what state or province / territory do you live?

5. How many years have you worked in the field of Pilates instruction?

- Less than 2 years
- 2 to 5 years
- 6 to 10 years
- More than 10 years

6. Do you work as a Pilates instructor on a full-time or part-time basis?

- Full-time
- Part-time

PMA [J Penney]

7. What is your primary practice setting?

- Gymnasium/Health Club
- Hospital Facilities
- Parks and Recreation Center
- Personal Studio
- Private (stand-alone) Pilates Studio
- Private Sessions in client's homes or offices
- Other

8. What is your secondary practice setting, if applicable?

- Gymnasium/Health Club
- Hospital Facilities
- Parks and Recreation Center
- Personal Studio
- Private (stand-alone) Pilates Studio
- Private Sessions in client's homes or offices
- Other
- Not Applicable

PMA [J Penney]

9. Which of the following special populations do you work with as a Pilates instructor? (Select all that apply.)

- Children
- Dancers
- Post-Rehabilitation
- Pregnant and Post-partum Women
- Seniors
- Sports/Athletes
- None
- Other

10. What do you charge per private session for your Pilates instruction services?

- Less than \$40
- \$40 to \$49
- \$50 to \$59
- \$60 to \$69
- \$70 to \$79
- \$80 to \$89
- \$90 to \$99
- Over \$100
- Not Applicable

PMA [J Penney]

11. What do you charge per semi-private session for your Pilates instruction services?

- Less than \$40
- \$40 to \$49
- \$50 to \$59
- \$60 to \$69
- \$70 to \$79
- \$80 to \$89
- \$90 to \$99
- Over \$100
- Not Applicable

12. What are the most successful methods for marketing your services? (Select all that apply.)

- Brochures
- Community Functions
- Direct Mail
- Internet
- Medical Referral
- Networking
- Newspapers
- Radio
- Telemarketing
- Other

PMA [J Penney]

13. What is your highest level of education?

- High School/Secondary School
- Associate Degree
- Bachelor's Degree
- MBA Degree
- Master's Degree
- Doctoral Degree

14. What is your annual income from Pilates instruction?

- Less than \$30,000
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$100,000
- More than \$100,000

PMA [J Penney]

15. What is your annual household income?

- Less than \$30,000
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$100,000
- More than \$100,000

Prev to go back.

Save | Continue to move forward or to save responses on current page before selecting **Exit Survey**.

Exit Survey to exit survey and return later. You will be returned to the same page from which you exited. Current page responses will not be saved until **Save | Continue** is selected.

Thank You!

Thank you for participating in this survey!

The PMA and Castle Worldwide, Inc. would like to thank you for taking the time to provide your input to update the PMA Certified Pilates Teacher candidate roles and responsibilities.

Please click **SUBMIT** below to complete your survey.

Prev to go back.

Submit to submit survey. Using your access code and survey link, you may re-enter the survey at any time to review or amend your responses until the survey closes.

Exit Survey to exit survey and return later. You will be returned to this page.

PMA BLUEPRINT AND EXAMINATION SPECIFICATION

Domain I: Assessment and Evaluation	Classification 01000	Test Specifications (%)
Task 1: Obtain medical, health, exercise history, and lifestyle information using questionnaires, interviews, and other records provided voluntarily by the client (e.g., medical records, former fitness records, previous Pilates programs) in order to evaluate the client and design a safe Pilates exercise program or to determine the need for a medical referral prior to commencement.	010100	7
Knowledge of:		
a. Basic human sciences (e.g., functional anatomy, exercise physiology, biomechanics, kinesiology and motor learning)	010101	
b. World Health Organization's ICF model for Health	010102	
c. Comprehensive training in Pilates (e.g., repertoire, philosophy)	010103	
d. Intake procedures (e.g., personal, health and fitness history, health goals, and observation) in questionnaire and interview format	010104	
e. PMA guidelines to employ safe and effective Pilates exercise programs	010105	
f. Knowledge of population specific considerations (e.g., youth, older adults, pregnancy)	010106	

Skill in:		
g. Communicating with clients in a professional, inviting, and efficient manner	010107	
h. Documenting with clarity and precision	010108	
i. Archiving information for reference and review	010109	
j. Observing posture, movement, and idiosyncratic (i.e. unusual or asymmetric) patterns	010110	
k. Maintaining client confidentiality	010111	
Task 2: Identify risk factors and co-morbidities (e.g., medications, surgeries, injuries, systemic illness, physical disabilities, psychological disabilities) by reviewing information gathered that might preclude or limit participation in a Pilates exercise program without a medical release.	010200	8
Knowledge of:		
a. Risk factors and co-morbidities (one or more coexisting medical conditions or disease processes)	010201	

Appendix D: PMA Classification System

b. When risk factors necessitate a medical release prior to initiating program	010202	
c. Resources available (e.g., accepted peer review guidelines, libraries, Internet, medical professionals, and support groups for specific conditions)	010203	
Skill in:		
d. Interpreting and applying information gathered through the intake	010204	
e. Sourcing information related to clients risk factors and medical conditions	010205	
f. Guiding clients through the process of acquiring a medical release when appropriate with subsequent integration into a Pilates program	010206	
g. Identifying any underlying or potential risk factors based on observation and the information gathered during the initial assessment	010207	
h. Keeping a list of current medications to provide to medical personnel in emergency situations	010208	
Task 3: Evaluate, discuss, determine, and prioritize goals with the client, based upon both subjective and objective information provided from assessment to create an effective Pilates exercise program.	010300	6

Knowledge of:		
a. Psychological factors affecting motivation, exercise adherence and behavior modifications for goal setting (e.g., fear of failure, short and long term goals, body image, willingness)	010301	
b. Client's goals and expectations	010302	
c. Strategies for determining mutually agreed upon short-term and long-term goals	010303	
d. Basic human sciences (e.g., functional anatomy, exercise physiology, biomechanics, kinesiology and motor learning) in relationship to goal setting	010304	
Skill in:		
e. Aligning teacher experience and knowledge with client expectations to develop a successful and suitable program	010305	
f. Setting realistic goals and objectives	010306	
g. Promoting health and wellness by creating a positive environment of empowerment, self-reliance, and holistic health	010307	
h. Educating and inspiring the client to commit both physically and mentally to their Pilates exercise program and philosophy	010308	
i. Educating the client to integrate and adapt the goals and benefits of the Pilates method into activities of daily living	010309	

Task 4: Identify muscular imbalances and asymmetries that may affect a client’s posture, movement, balance, and coordination using observation and movement assessment skills in order to develop an appropriate Pilates exercise program.	010400	7
Knowledge of:		
a. Current ideals of static and dynamic postural alignment	010401	
b. Common postural models/patterns that deviate from the ideal	010402	
c. Healthy joint range of motion	010403	
d. Balanced muscle development	010404	
e. Healthy body mechanics and movement patterns (e.g., squatting, reaching, walking, sitting)	010405	
f. Common conditions or activities that may cause asymmetries or imbalances	010406	
Skill in:		

Appendix D: PMA Classification System

g. Observing and assessing static and dynamic postures, muscle imbalances, and range of motion	010407	
h. Observing body mechanics and movement patterns	010408	
i. Analyzing quality of movement utilizing the Pilates movement principles	010409	
j. Documenting, interpreting, and archiving observations	010410	
Task 5: Identify information that pertains to the special conditions of a client with a medical release in order to develop and design an appropriate Pilates exercise program.	010500	7
Knowledge of:		
a. Resources available (e.g., medical professionals, accepted peer reviewed guidelines, libraries, Internet, support groups for specific conditions)	010501	
b. Common pathologies and medical conditions	010502	
Skill in:		

c. Researching information related to the client's condition	010503	
d. Integrating and applying information gathered from resources and client files	010504	
e. Recording the client information (e.g., intake, goals and plan)	010505	
f. Identifying safe parameters for medical, legal, ethical and scope of practice issues	010506	
g. Maintaining client confidentiality	010507	

Domain II: Teaching		<i>Classification</i> 020000	<i>Test Specifications</i>
Task 1: Develop and design a client's program incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science utilizing information gathered during the assessment to deliver a successful Pilates exercise program.		020100	7
Knowledge of:			
a. Comprehensive Pilates repertoire and Pilates philosophy, principles, and benefits		020101	
b. Client's physical condition and readiness from assessment and evaluation to undertake the program		020102	

Appendix D: PMA Classification System

c. Mental/psychological readiness and motivation to initiate Pilates exercise program	020103	
d. Basic human sciences	020104	
e. How to design a balanced, safe, and effective Pilates exercise program with customization for client's needs	020105	
Skill in:		
f. Creating balance in programming (e.g., flexion and extension, lateral flexion and rotation, orientations to gravity, mobility and stability, strength and flexibility)	020106	
g. Addressing individual and or group needs within a group setting without losing primary goal of the session	020107	
h. Choosing and adapting exercises to the client's or group's current status	020108	
i. Integrating Mat and appropriate Pilates apparatus into a Pilates exercise program	020109	
j. Considering different learning styles (e.g., visual, kinesthetic, auditory, tactile)	020110	
k. Determining client's psychological readiness to undertake a Pilates exercise program	020111	
l. Applying a client's specific exercises goals and motivations to create a Pilates exercise program	020112	

m. Creating session flow with warm-up, challenge and cool down	020113	
n. Selecting the appropriate number of exercises for the client's fitness level or experience	020114	
Task 2: Implement, progress, and modify a client's program, incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science to optimize Pilates benefits for clients.	020200	8
Knowledge of:		
a. Precautions and contraindications for common medical conditions	020201	
b. The progressions of exercises in the Pilates method	020202	
c. How to select exercise intensity based on movement science concepts	020203	
Skill in:		
d. Motivating and developing client's independence, confidence, and awareness	020204	

e. Applying exercise precautions and contraindications as they pertain to individual clients	020205	
f. Recognizing any warning signs and symptoms that may occur during a Pilates exercise session and reacting safely and effectively	020206	
g. Creating modifications and adaptations for specific clients' needs (e.g., use of props, sequencing, changing ROM, substituting equipment for additional support)	020207	
h. Adjusting intensity and duration of exercises to meet the client's current status	020208	
i. Designing, implementing, reassessing, and verifying compliance of home exercise programs	020209	
Task 3: Use individual and/or group Pilates teaching skills (e.g., verbal and tactile cueing, imagery, pacing, spotting, demonstration) to educate clients in appropriate and efficient exercise and movement technique as it pertains to the Pilates method.	020300	8
Knowledge of:		
a. Effective communication techniques (e.g., verbal, touch, visual, demonstration, body language)	020301	
b. Appropriate group class and individual session structure (e.g., warm up, diversity of apparatus and movement, meet individual needs, developmental progressions, cool down)	020302	
c. Equipment set-up, use, maintenance, and safety	020303	

d. Efficient and functional movement	020304	
Skill in:		
e. Adjusting exercise intensity, duration, sequencing	020305	
f. Managing multiple clients in a group Pilates exercise setting	020306	
g. Safe spotting techniques and appropriate hands-on (touch) guidance to enhance the execution of the exercises	020307	
h. Managing session structure (e.g., tempo, time management, momentum, dynamic movement, whole body integration, warm-up and closure) for an effective Pilates exercise session	020308	
i. Motivating client (e.g., positive feedback, creating safe environment, effective communication, and goal setting)	020309	
j. Recording and archiving subjective and objective observations from each Pilates exercise session	020310	
k. Applying effective cues to guide or correct movement patterns	020311	
Task 4: Employ comprehensive Pilates syllabus and philosophy to provide a healthy and safe movement session. (e.g., Reformer, Trapeze Table, Chairs, Barrels, Ped-O-Pull, Mat, Magic Circle, Foot Corrector, Toe Corrector, Finger Corrector, Pin Wheel, Head Harness, Weighted Shoe, Bean Bag).	020400	6

Knowledge of:		
a. Pilates repertoire on Mat and all equipment	020401	
b. Equipment use, set-up, maintenance, and safety	020402	
c. Guidelines of a healthy Pilates studio environment within accepted health standards (e.g., cleaning of equipment, facilities, sanitation)	020403	
d. Pilates movement principles (e.g., whole body movement, breathing, balanced muscle development, concentration, control, centering, precision, rhythm)	020404	
Skill in:		
e. Employing transitions between exercises for continuity of movement and breath, building endurance, cognitive skills and discipline	020405	
f. Teaching, cueing, correcting, and spotting exercises on Mat and apparatus	020406	
g. Developing and adhering to a maintenance schedule for proper equipment cleaning, function, and repair	020407	
h. Embodying and teaching the Pilates philosophy	020408	

Task 5: Record the client's ongoing progress using subjective and objective measures (e.g., chart, notes) to assure the Pilates program matches client's status.	020500	5
Knowledge of:		
a. Record keeping of client's Pilates exercise session (e.g., flow chart, exercise list)	020501	
b. Precautions, contraindications, and modifications of Pilates exercises for specific needs (e.g., osteoporosis, tight hamstrings, plantar fasciitis, postural imbalance)	020502	
c. The ability to recognize changes in clients' current physical or psychological state	020503	
d. When and how to progress client to a more challenging level	020504	
Skill in:		
e. Selecting appropriate progressions of exercise	020505	
f. Maintaining client confidentiality	020506	

g. Keeping accurate record pertaining to client's participation in the Pilates exercise program	020507	
h. Documenting communication (e.g., client feedback, medical professionals)	020508	
Task 6: Continually assess the client's current status, adjust the Pilates program using observation and communication, and modify exercises for any special circumstances.	020600	8
Knowledge of:		
a. Basic human sciences (e.g., functional anatomy, exercise physiology, biomechanics, kinesiology and motor learning)	020601	
b. Comprehensive Pilates repertoire and philosophy	020602	
c. Precautions, contraindications, and modifications of Pilates exercises for specific needs (e.g., osteoporosis, tight hamstrings, plantar fasciitis, postural imbalance)	020603	
d. When the client's current condition suddenly becomes beyond the teacher's scope of practice	020604	
Skill in:		

e. Observing significant change in function (e.g., sitting, walking, standing)	020605	
f. Analyzing quality of movement utilizing Pilates movement principles	020606	
g. Analyzing technique in Pilates exercise execution	020607	
h. Assessing client's readiness to progress during a current session	020608	
Task 7: Evaluate and adjust Pilates exercise environment (e.g., light source, noise level, room temperature, home programs) for client's optimal learning experience.	020700	5
Knowledge of:		
a. Availability of home exercise equipment	020701	
b. How to adjust lighting, sound, and temperature	020702	
c. Space and floor surfaces for home exercise programs	020703	
d. Safe and effective organization of the space	020704	

Skill in:		
e. Organizing the Pilates exercise space for safety and efficiency	020705	
f. Maintaining supervision of the exercise environment	020706	
Domain III: Reassessment		
	<i>Classification</i> 030000	<i>Test</i> <i>Specifications</i>
Task 1: Periodically reassess and realign short and long-term Pilates program goals and content, using movement assessment skills and interactive discussion to match program with client's level.	030100	
		6
Knowledge of:		
a. Basic human sciences (e.g., functional anatomy, exercise physiology, biomechanics, kinesiology and motor learning)	030101	
b. Qualitative analysis (e.g., Pilates movement principles)	030102	

c. Comprehensive Pilates repertoire and philosophy	030103	
d. Precautions, contraindications, and modification of Pilates exercises for specific needs (e.g., osteoporosis, tight hamstrings, plantar fasciitis, postural imbalances, cognitive function)	030104	
Skill in:		
e. Observing change in movement function (e.g., sitting, walking, standing, postural imbalance)	030105	
f. Analyzing quality of movement according to the Pilates movement principles	030106	
g. Assessing imbalances and asymmetries in static and dynamic posture	030107	
h. Synthesizing information gathered, resetting, and prioritizing short-term and long-term goals	030108	
i. Involving client in goal setting	030109	
j. Empowering clients to take ownership of their own health and well being	030110	
k. Communicating ongoing progress with the client	030111	
l. Reviewing previous records and recording reassessment findings	030112	

Task 2: Reassess client’s status following a hiatus from program (e.g., illness, accident, trauma, general de-conditioning and/or change of teacher or studio) using movement assessment skills for both subjective and objective measures and conduct new intake, medical release, history, and evaluation as appropriate to establish current goals and to revise the program for a safe and effective Pilates exercise experience.	030200	7
Knowledge of:		
a. Basic human sciences (e.g., functional anatomy, physiology, biomechanics, kinesiology and motor learning)	030201	
b. World Health Organization’s ICF model for Health	030202	
c. Intake procedures (e.g., personal, health and fitness history, health goals, and observation) in questionnaire and interview format	030203	
d. PMA guidelines to employ safe and effective Pilates exercise programs	030204	
e. Population specific considerations (e.g., youth, older adults, pregnancy)	030205	
f. How to observe change in function (e.g., sitting, walking, standing)	030206	
g. Comprehensive Pilates repertoire and philosophy	030207	

Appendix D: PMA Classification System

h. Precautions, contraindications, and modification of Pilates exercises for specific needs (e.g., osteoporosis, tight hamstrings, plantar fasciitis, postural imbalances, cognitive function)	030208	
i. Medical referrals if the client's current condition is beyond the teacher's scope of practice	030209	
Skill in:		
j. Observing change in function (e.g., sitting, walking, standing)	030210	
k. Analyzing quality of movement according to Pilates movement principles	030211	
l. Assessing imbalances and asymmetries in static and dynamic posture	030212	
m. Selecting appropriate Pilates exercises for the current status	030213	
n. Assessing client's readiness to resume their Pilates program (e.g., physically through postural analysis and quality of movement and psychologically through verbal and non-verbal communication)	030214	
o. Reviewing previous records and recording reassessment findings	030215	
p. Restructuring the clients Pilates program based upon current findings	030216	
q. Communicating current status and new goals with the client	030217	

Task 3: Reassess client’s status and progress using subjective and objective measures to redirect client, if needed, toward a different learning environment (e.g., group classes, private instruction, home programs) in order to improve the learning experience.	030300	5
Knowledge of:		
a. Influence of environment on individual’s ability to learn successfully	030301	
b. Basic human sciences (e.g., functional anatomy, exercise physiology, biomechanics, kinesiology and motor learning)	030302	
c. Qualitative analysis (e.g., Pilates movement principles)	030303	
d. Comprehensive Pilates repertoire and philosophy	030304	
e. Precautions, contraindications, and modification of Pilates exercises for specific needs (e.g., osteoporosis, tight hamstrings, plantar fasciitis, postural imbalances, cognitive function)	030305	
Skill in:		
f. Observing change in function (e.g., sitting, walking, standing)	030306	

Appendix D: PMA Classification System

g. Analyzing quality of movement according to Pilates movement principles	030307	
h. Assessing imbalances and asymmetries in static posture and dynamic posture	030308	
i. Analyzing technique in Pilates exercise execution	030309	
j. Selecting appropriate progressions of exercise	030310	
f. Assessing client's readiness to progress (e.g., physically through postural analysis and quality of movement and psychologically through verbal and non-verbal communication)	030311	
g. Reviewing previous records and redirecting the client to the appropriate Pilates exercise setting	030312	
h. Matching client's current fitness level with current status	030313	
i. Designing and verifying compliance with home exercise programs	030314	
j. Empowering clients to take ownership of their own health and well being	030315	
k. Communicating ongoing progress with the client	030316	
l. Directing clients to private, group, or home program based on finances, compliance, learning style, attitude, and success at meeting goals	030317	

PMA [J Penney]

1. ACCESS CODE:

	Response Count
	482
answered question	482
skipped question	0

2. IMPORTANCE:

How essential is it that the PMA Certified Pilates Teacher be able to:

	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important	Rating Average	Response Count
<p>Task 1: Obtain medical, health, exercise history, and lifestyle information using questionnaires, interviews, and other records provided voluntarily by the client (e.g., medical records, former fitness records, previous Pilates programs) in order to evaluate the client and design a safe Pilates exercise program or to determine the need for a medical referral prior to commencement.</p>	0.0% (0)	1.4% (6)	3.3% (14)	23.0% (96)	72.2% (302)	3.66	418
<p>Task 2: Identify risk factors and co-morbidities (e.g., medications, surgeries, injuries, systemic illness, physical disabilities, psychological disabilities) by reviewing information gathered that might preclude or limit participation in a Pilates exercise program without a medical release.</p>	0.0% (0)	0.2% (1)	3.3% (14)	19.9% (83)	76.6% (320)	3.73	418
<p>Task 3: Evaluate, discuss, determine, and prioritize goals with the client, based upon both subjective and objective information provided from assessment to create an effective Pilates exercise program.</p>	0.0% (0)	0.2% (1)	5.8% (24)	37.6% (157)	56.4% (235)	3.50	417

Appendix E: PMA Survey Summary

<p>Task 4: Identify muscular imbalances and asymmetries that may affect a client's posture, movement, balance, and coordination using observation and movement assessment skills in order to develop an appropriate Pilates exercise program.</p>	0.0% (0)	1.0% (4)	4.6% (19)	32.5% (135)	61.9% (257)	3.55	415
<p>Task 5: Identify information that pertains to the special conditions of a client with a medical release in order to develop and design an appropriate Pilates exercise program.</p>	0.2% (1)	1.0% (4)	5.1% (21)	22.1% (91)	71.6% (295)	3.64	412
						answered question	419
						skipped question	63

3. CRITICALITY:

To what degree would the PMA Certified Pilates Teacher's inability to perform the following tasks be seen as causing harm to the client or other stakeholders?

	No Harm	Minimal Harm	Moderate Harm	Substantial Harm	Extreme Harm	Rating Average	Response Count
<p>Task 1: Obtain medical, health, exercise history, and lifestyle information using questionnaires, interviews, and other records provided voluntarily by the client (e.g., medical records, former fitness records, previous Pilates programs) in order to evaluate the client and design a safe Pilates exercise program or to determine the need for a medical referral prior to commencement.</p>	2.0% (8)	4.0% (16)	16.4% (66)	43.2% (174)	34.5% (139)	3.04	403
<p>Task 2: Identify risk factors and co-morbidities (e.g., medications, surgeries, injuries, systemic illness, physical disabilities, psychological disabilities) by reviewing information gathered that might preclude or limit participation in a Pilates exercise program without a medical release.</p>	0.7% (3)	2.0% (8)	9.0% (36)	41.6% (167)	46.6% (187)	3.31	401
<p>Task 3: Evaluate, discuss, determine, and prioritize goals with the client, based upon both subjective and objective information provided from assessment to create an effective</p>	5.0% (20)	25.4% (101)	31.4% (125)	25.1% (100)	13.1% (52)	2.16	398

Appendix E: PMA Survey Summary
Pilates exercise program.

<p>Task 4: Identify muscular imbalances and asymmetries that may affect a client's posture, movement, balance, and coordination using observation and movement assessment skills in order to develop an appropriate Pilates exercise program.</p>	2.5% (10)	9.7% (39)	36.7% (147)	33.9% (136)	17.2% (69)	2.54	401
<p>Task 5: Identify information that pertains to the special conditions of a client with a medical release in order to develop and design an appropriate Pilates exercise program.</p>	1.3% (5)	2.8% (11)	13.1% (52)	35.5% (141)	47.4% (188)	3.25	397
						answered question	404
						skipped question	78

4. FREQUENCY: How often would the PMA Certified Pilates Teacher be expected to:

	Never	Rarely	Sometimes	Often	Repeatedly	Rating Average	Response Count
<p>Task 1: Obtain medical, health, exercise history, and lifestyle information using questionnaires, interviews, and other records provided voluntarily by the client (e.g., medical records, former fitness records, previous Pilates programs) in order to evaluate the client and design a safe Pilates exercise program or to determine the need for a medical referral prior to commencement.</p>	0.3% (1)	5.3% (21)	12.9% (51)	34.3% (136)	47.2% (187)	3.23	396
<p>Task 2: Identify risk factors and co-morbidities (e.g., medications, surgeries, injuries, systemic illness, physical disabilities, psychological disabilities) by reviewing information gathered that might preclude or limit participation in a Pilates exercise program without a medical release.</p>	0.0% (0)	2.5% (10)	14.9% (59)	31.3% (124)	51.3% (203)	3.31	396
<p>Task 3: Evaluate, discuss, determine, and prioritize goals with the client, based upon both subjective and objective information provided from assessment to create an effective Pilates exercise program.</p>	0.0% (0)	1.0% (4)	12.9% (51)	40.9% (162)	45.2% (179)	3.30	396
<p>Task 4: Identify muscular</p>							

Appendix E: PMA Survey Summary

<p>imbalances and asymmetries that may affect a client's posture, movement, balance, and coordination using observation and movement assessment skills in order to develop an appropriate Pilates exercise program.</p>	0.0% (0)	1.3% (5)	6.8% (27)	31.8% (126)	60.1% (238)	3.51	396
<p>Task 5: Identify information that pertains to the special conditions of a client with a medical release in order to develop and design an appropriate Pilates exercise program.</p>	0.0% (0)	4.8% (19)	16.9% (67)	32.3% (128)	46.0% (182)	3.19	396
						answered question	397
						skipped question	85

5. Domain 1 Comments:

	Response Count
	119
answered question	119
skipped question	363

6. IMPORTANCE:

How essential is it that the PMA Certified Pilates Teacher be able to:

	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important	Rating Average	Response Count
Task 1: Develop and design a client's program incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science utilizing information gathered during the assessment to deliver a successful Pilates exercise program.	0.0% (0)	0.3% (1)	3.5% (13)	27.4% (102)	68.8% (256)	3.65	372
Task 2: Implement, progress, and modify a client's program, incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science to optimize Pilates benefits for clients.	0.0% (0)	0.0% (0)	2.2% (8)	29.1% (108)	68.7% (255)	3.67	371
Task 3: Use individual and/or group Pilates teaching skills (e.g., verbal and tactile cueing, imagery, pacing, spotting, demonstration) to educate clients in appropriate and efficient exercise and movement technique as it pertains to the Pilates method.	0.0% (0)	0.3% (1)	1.6% (6)	25.2% (93)	72.9% (269)	3.71	369
Task 4: Employ comprehensive Pilates syllabus and philosophy to provide a healthy and safe movement session. (e.g., Reformer, Trapeze Table, Chairs, Barrels, Ped-O-Pull, Mat, Magic	0.3% (1)	3.5% (13)	19.0% (70)	33.6% (124)	43.6% (161)	3.17	369

Appendix E: PMA Survey Summary

Circle, Foot Corrector, Toe Corrector, Finger Corrector, Pin Wheel, Head Harness, Weighted Shoe, Bean Bag).

<p>Task 5: Record the client's ongoing progress using subjective and objective measures (e.g., chart, notes) to assure the Pilates program matches client's status.</p>	0.3% (1)	6.2% (23)	28.6% (106)	36.2% (134)	28.6% (106)	2.87	370
<p>Task 6: Continually assess the client's current status, adjust the Pilates program using observation and communication, and modify exercises for any special circumstances.</p>	0.0% (0)	0.5% (2)	2.7% (10)	32.7% (121)	64.1% (237)	3.60	370
<p>Task 7: Evaluate and adjust Pilates exercise environment (e.g., light source, noise level, room temperature, home programs) for client's optimal learning experience.</p>	0.8% (3)	4.1% (15)	26.6% (98)	40.7% (150)	27.9% (103)	2.91	369
answered question						372	
skipped question						110	

7. CRITICALITY:

To what degree would the PMA Certified Pilates Teacher's inability to perform the following tasks be seen as causing harm to the stakeholders?

	No Harm	Minimal Harm	Moderate Harm	Substantial Harm	Extreme Harm	Rating Average	Response Count
Task 1: Develop and design a client's program incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science utilizing information gathered during the assessment to deliver a successful Pilates exercise program.	1.9% (7)	7.3% (27)	26.1% (96)	42.7% (157)	22.0% (81)	2.76	368
Task 2: Implement, progress, and modify a client's program, incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science to optimize Pilates benefits for clients.	2.7% (10)	9.3% (34)	29.4% (108)	41.7% (153)	16.9% (62)	2.61	367
Task 3: Use individual and/or group Pilates teaching skills (e.g., verbal and tactile cueing, imagery, pacing, spotting, demonstration) to educate clients in appropriate and efficient exercise and movement technique as it pertains to the Pilates method.	3.0% (11)	10.9% (40)	30.0% (110)	38.1% (140)	18.0% (66)	2.57	367
Task 4: Employ comprehensive Pilates syllabus and philosophy to provide a healthy and safe movement session. (e.g.,							

Appendix E: PMA Survey Summary

Reformer, Trapeze Table, Chairs, Barrels, Ped-O-Pull, Mat, Magic Circle, Foot Corrector, Toe Corrector, Finger Corrector, Pin Wheel, Head Harness, Weighted Shoe, Bean Bag).	7.5% (27)	23.5% (85)	29.0% (105)	24.3% (88)	15.7% (57)	2.17	362
Task 5: Record the client's ongoing progress using subjective and objective measures (e.g., chart, notes) to assure the Pilates program matches client's status.	8.2% (30)	27.0% (99)	37.4% (137)	19.9% (73)	7.4% (27)	1.91	366
Task 6: Continually assess the client's current status, adjust the Pilates program using observation and communication, and modify exercises for any special circumstances.	3.0% (11)	7.4% (27)	26.6% (97)	33.7% (123)	29.3% (107)	2.79	365
Task 7: Evaluate and adjust Pilates exercise environment (e.g., light source, noise level, room temperature, home programs) for client's optimal learning experience.	12.1% (44)	34.8% (127)	31.5% (115)	16.2% (59)	5.5% (20)	1.68	365
answered question							368
skipped question							114

8. FREQUENCY: How often would the PMA Certified Pilates Teacher be expected to :

	Never	Rarely	Sometimes	Often	Repeatedly	Rating Average	Response Count
Task 1: Develop and design a client's program incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science utilizing information gathered during the assessment to deliver a successful Pilates exercise program.	0.0% (0)	0.8% (3)	6.6% (24)	32.1% (116)	60.4% (218)	3.52	361
Task 2: Implement, progress, and modify a client's program, incorporating Pilates methodologies (e.g., repertoire, philosophy) and movement science to optimize Pilates benefits for clients.	0.0% (0)	0.3% (1)	3.9% (14)	28.1% (101)	67.8% (244)	3.63	360
Task 3: Use individual and/or group Pilates teaching skills (e.g., verbal and tactile cueing, imagery, pacing, spotting, demonstration) to educate clients in appropriate and efficient exercise and movement technique as it pertains to the Pilates method.	0.0% (0)	0.3% (1)	1.1% (4)	17.8% (64)	80.8% (291)	3.79	360
Task 4: Employ comprehensive Pilates syllabus and philosophy to provide a healthy and safe movement session. (e.g., Reformer, Trapeze Table, Chairs, Barrels, Ped-O-Pull, Mat, Magic Circle, Foot Corrector, Toe	0.0% (0)	1.4% (5)	12.5% (45)	26.7% (96)	59.4% (214)	3.44	360

Appendix E: PMA Survey Summary

Corrector, Finger Corrector, Pin Wheel, Head Harness, Weighted Shoe, Bean Bag).

<p>Task 5: Record the client's ongoing progress using subjective and objective measures (e.g., chart, notes) to assure the Pilates program matches client's status.</p>	0.3% (1)	3.3% (12)	20.8% (75)	35.0% (126)	40.6% (146)	3.12	360
<p>Task 6: Continually assess the client's current status, adjust the Pilates program using observation and communication, and modify exercises for any special circumstances.</p>	0.0% (0)	0.8% (3)	1.9% (7)	26.1% (94)	71.1% (256)	3.68	360
<p>Task 7: Evaluate and adjust Pilates exercise environment (e.g., light source, noise level, room temperature, home programs) for client's optimal learning experience.</p>	0.6% (2)	4.2% (15)	25.3% (91)	31.9% (115)	38.1% (137)	3.03	360
answered question						361	
skipped question						121	

9. Domain 2 Comments:

	Response Count
	72
answered question	72
skipped question	410

10. IMPORTANCE:

How essential is it that the PMA Certified Pilates Teacher be able to:

	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important	Rating Average	Response Count
<p>Task 1: Periodically reassess and realign short and long-term Pilates program goals and content, using movement assessment skills and interactive discussion to match program with client's level.</p>	0.0% (0)	1.4% (5)	9.2% (32)	48.7% (169)	40.6% (141)	3.29	347
<p>Task 2: Reassess client's status following a hiatus from program (e.g., illness, accident, trauma, general de-conditioning and/or change of teacher or studio) using movement assessment skills for both subjective and objective measures and conduct new intake, medical release, history, and evaluation as appropriate to establish current goals and to revise the program for a safe and effective Pilates exercise experience.</p>	0.0% (0)	0.6% (2)	2.6% (9)	24.2% (84)	72.6% (252)	3.69	347
<p>Task 3: Reassess client's status and progress using subjective and objective measures to redirect client, if needed, toward a different learning environment (e.g., group classes, private instruction, home programs) in order to improve the learning experience.</p>	0.0% (0)	0.6% (2)	15.6% (54)	45.0% (156)	38.9% (135)	3.22	347

answered question 347

skipped question 135

11. CRITICALITY:

To what degree would the PMA Certified Pilates Teacher's inability to perform the following tasks be seen as causing harm to the client or other stakeholders?

	No Harm	Minimal Harm	Moderate Harm	Substantial Harm	Extreme Harm	Rating Average	Response Count
Task 1: Periodically reassess and realign short and long-term Pilates program goals and content, using movement assessment skills and interactive discussion to match program with client's level.	2.0% (7)	15.3% (53)	40.3% (140)	31.4% (109)	11.0% (38)	2.34	347
Task 2: Reassess client's status following a hiatus from program (e.g., illness, accident, trauma, general de-conditioning and/or change of teacher or studio) using movement assessment skills for both subjective and objective measures and conduct new intake, medical release, history, and evaluation as appropriate to establish current goals and to revise the program for a safe and effective Pilates exercise experience.	0.9% (3)	2.6% (9)	15.9% (55)	32.0% (111)	48.7% (169)	3.25	347
Task 3: Reassess client's status and progress using subjective and objective measures to redirect							

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client, if needed, toward a different learning environment (e.g., group classes, private instruction, home programs) in order to improve the learning experience.	2.9% (10)	19.0% (66)	38.6% (134)	27.4% (95)	12.1% (42)	2.27	347
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answered question 347

skipped question 135

12. FREQUENCY: How often would the PMA Certified Pilates Teacher be expected to :

	Never	Rarely	Sometimes	Often	Repeatedly	Rating Average	Response Count
Task 1: Periodically reassess and realign short and long-term Pilates program goals and content, using movement assessment skills and interactive discussion to match program with client's level.	0.0% (0)	0.9% (3)	21.7% (75)	42.0% (145)	35.4% (122)	3.12	345
Task 2: Reassess client's status following a hiatus from program (e.g., illness, accident, trauma, general de-conditioning and/or change of teacher or studio) using movement assessment skills for both subjective and objective measures and conduct new intake, medical release, history, and evaluation as appropriate to establish current goals and to revise the program for a safe and effective Pilates exercise experience.	0.0% (0)	1.7% (6)	20.6% (71)	33.7% (116)	43.9% (151)	3.20	344
Task 3: Reassess client's status and progress using subjective and objective measures to redirect client, if needed, toward a different learning environment (e.g., group classes, private instruction, home programs) in order to improve the learning experience.	0.3% (1)	4.3% (15)	31.9% (110)	38.0% (131)	25.5% (88)	2.84	345
answered question							345

skipped question 137

13. Domain 3 Comments:

Response
Count

45

answered question 45

skipped question 437

14. 1. What is your gender?

Response
Percent Response
Count









Male  5.7% 20

Female  94.3% 329







answered question 349

skipped question 133














15. 2. What is your age?

		Response Percent	Response Count
Less than 20		0.0%	0
20 to 25 years		0.6%	2
26 to 30 years		4.8%	17
31 to 35 years		11.1%	39
36 to 40 years		15.7%	55
41 to 45 years		17.7%	62
46 to 50 years		16.2%	57
51 to 55 years		16.0%	56
Greater than 55		17.9%	63
		answered question	351
		skipped question	131

16. 3. What is your ethnic background?

		Response Percent	Response Count
African American		1.2%	4
Asian American		1.2%	4
Caucasian/White		87.9%	304
Latino/Hispanic		4.6%	16
Native American		0.6%	2
Other		4.6%	16
		answered question	346
		skipped question	136
















17. 4. In what state or province / territory do you live?

		Response Percent	Response Count
AL Alabama		0.3%	1
AK Alaska		0.3%	1
AZ Arizona		6.5%	21
AR Arkansas		1.2%	4
CA California		22.4%	72
CO Colorado		7.2%	23
CT Connecticut		1.2%	4
DE Delaware		0.0%	0
DC District of Columbia		0.6%	2
FL Florida		5.9%	19
GA Georgia		1.6%	5
HI Hawaii		0.0%	0
ID Idaho		0.0%	0
IL Illinois		3.4%	11
IN Indiana		1.9%	6
IA Iowa		0.3%	1

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KS Kansas		0.9%	3
KY Kentucky		0.3%	1
LA Louisiana		0.9%	3
ME Maine		0.0%	0
MD Maryland		1.2%	4
MA Massachusetts		1.9%	6
MI Michigan		1.6%	5
MN Minnesota		2.2%	7
MS Mississippi		0.0%	0
MO Missouri		0.3%	1
MT Montana		0.0%	0
NE Nebraska		0.0%	0
NV Nevada		0.9%	3
NH New Hampshire		0.0%	0
NJ New Jersey		2.5%	8
NM New Mexico		0.6%	2
NY New York		5.6%	18
NC North Carolina		2.2%	7
ND North Dakota		0.0%	0




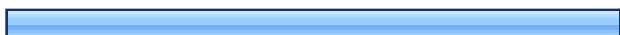
Appendix E: PMA Survey Summary

OH Ohio		0.9%	3
OK Oklahoma		0.3%	1
OR Oregon		1.2%	4
PA Pennsylvania		4.0%	13
RI Rhode Island		0.6%	2
SC South Carolina		0.6%	2
SD South Dakota		0.0%	0
TN Tennessee		2.2%	7
TX Texas		4.4%	14
UT Utah		0.3%	1
VT Vermont		0.0%	0
VA Virginia		2.5%	8
WA Washington		2.2%	7
WV West Virginia		0.3%	1
WI Wisconsin		0.6%	2
WY Wyoming		0.6%	2
British Columbia		2.2%	7
Alberta		0.0%	0
Saskatchewan		0.0%	0



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Manitoba		0.0%	0
Ontario		1.9%	6
Quebec		0.3%	1
New Brunswick		0.0%	0
Nova Scotia		0.0%	0
Prince Edward Island		0.0%	0
Newfoundland & Labrador		0.0%	0
Yukon		0.0%	0
Northwest		0.3%	1
Nunavut		0.3%	1
		answered question	321
		skipped question	161

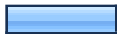






18. 5. How many years have you worked in the field of Pilates instruction?

		Response Percent	Response Count
Less than 2 years		1.7%	6
2 to 5 years		14.5%	51
6 to 10 years		30.2%	106
More than 10 years		53.6%	188
answered question			351
skipped question			131

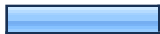







19. 6. Do you work as a Pilates instructor on a full-time or part-time basis?

		Response Percent	Response Count
Full-time		67.9%	239
Part-time		32.1%	113
answered question			352
skipped question			130

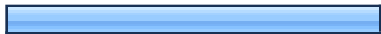







20. 7. What is your primary practice setting?

		Response Percent	Response Count
Gymnasium/Health Club		9.4%	33
Hospital Facilities		1.1%	4
Parks and Recreation Center		0.3%	1
Personal Studio		18.8%	66
Private (stand-alone) Pilates Studio		63.0%	221
Private Sessions in client's homes or offices		0.3%	1
Other		7.1%	25
		answered question	351
		skipped question	131

21. 8. What is your secondary practice setting, if applicable?

		Response Percent	Response Count
Gymnasium/Health Club		13.1%	42
Hospital Facilities		1.9%	6
Parks and Recreation Center		3.4%	11
Personal Studio		10.9%	35
Private (stand-alone) Pilates Studio		9.4%	30
Private Sessions in client's homes or offices		11.3%	36
Other		12.5%	40
Not Applicable		37.5%	120
		answered question	320
		skipped question	162

22. 9. Which of the following special populations do you work with as a Pilates instructor? (Select all that apply.)

		Response Percent	Response Count
Children		32.4%	114
Dancers		56.3%	198
Post-Rehabilitation		83.5%	294
Pregnant and Post-partum Women		65.1%	229
Seniors		88.4%	311
Sports/Athletes		81.0%	285
None		1.7%	6
Other		18.2%	64
		answered question	352
		skipped question	130

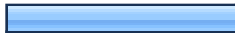









23. 10. What do you charge per private session for your Pilates instruction services?

		Response Percent	Response Count
Less than \$40		3.4%	12
\$40 to \$49		4.6%	16
\$50 to \$59		13.7%	48
\$60 to \$69		28.9%	101
\$70 to \$79		22.9%	80
\$80 to \$89		13.1%	46
\$90 to \$99		5.7%	20
Over \$100		4.6%	16
Not Applicable		3.1%	11
		answered question	350
		skipped question	132

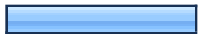





24. 11. What do you charge per semi-private session for your Pilates instruction services?

		Response Percent	Response Count
Less than \$40		23.4%	82
\$40 to \$49		30.8%	108
\$50 to \$59		12.8%	45
\$60 to \$69		5.4%	19
\$70 to \$79		5.7%	20
\$80 to \$89		2.8%	10
\$90 to \$99		2.3%	8
Over \$100		3.1%	11
Not Applicable		13.7%	48
		answered question	351
		skipped question	131

25. 12. What are the most successful methods for marketing your services? (Select all that apply.)

		Response Percent	Response Count
Brochures		19.8%	69
Community Functions		17.2%	60
Direct Mail		5.5%	19
Internet		54.9%	191
Medical Referral		31.3%	109
Networking		59.8%	208
Newspapers		4.9%	17
Radio		0.6%	2
Telemarketing		0.3%	1
Other		41.7%	145
		answered question	348
		skipped question	134

26. 13. What is your highest level of education?

		Response Percent	Response Count
High School/Secondary School		16.3%	57
Associate Degree		7.7%	27
Bachelor's Degree		46.6%	163
MBA Degree		2.0%	7
Master's Degree		21.7%	76
Doctoral Degree		5.7%	20
		answered question	350
		skipped question	132

27. 14. What is your annual income from Pilates instruction?

		Response Percent	Response Count
Less than \$30,000		35.7%	120
\$30,000 to \$39,999		16.1%	54
\$40,000 to \$49,999		13.1%	44
\$50,000 to \$59,999		10.1%	34
\$60,000 to \$69,999		11.0%	37
\$70,000 to \$79,999		4.2%	14
\$80,000 to \$89,999		3.0%	10
\$90,000 to \$100,000		2.7%	9
More than \$100,000		4.2%	14
		answered question	336
		skipped question	146

28. 15. What is your annual household income?

		Response Percent	Response Count
Less than \$30,000		6.7%	22
\$30,000 to \$39,999		5.8%	19
\$40,000 to \$49,999		6.4%	21
\$50,000 to \$59,999		4.5%	15
\$60,000 to \$69,999		8.2%	27
\$70,000 to \$79,999		7.3%	24
\$80,000 to \$89,999		5.2%	17
\$90,000 to \$100,000		10.6%	35
More than \$100,000		45.5%	150
		answered question	330
		skipped question	152

Page 1, Q1. ACCESS CODE:

1	13100	Feb 28, 2012 5:29 AM
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3	12061	Feb 27, 2012 10:25 PM
4	12452	Feb 27, 2012 8:44 PM
5	12255	Feb 27, 2012 12:37 PM
6	12400	Feb 27, 2012 8:58 AM
7	13264	Feb 27, 2012 2:51 AM
8	12933	Feb 26, 2012 9:35 PM
9	12468	Feb 26, 2012 4:29 PM
10	12308	Feb 26, 2012 3:57 PM
11	12325	Feb 26, 2012 2:04 PM
12	13204	Feb 26, 2012 12:51 PM
13	12699	Feb 25, 2012 8:45 PM
14	12668	Feb 25, 2012 8:17 PM
15	13401	Feb 25, 2012 6:15 PM
16	12796	Feb 25, 2012 5:17 PM
17	12775	Feb 25, 2012 4:30 PM
18	12863	Feb 25, 2012 10:31 AM
19	13293	Feb 24, 2012 11:11 PM

Page 1, Q1. ACCESS CODE:

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25	13037	Feb 23, 2012 11:10 AM
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27	12805	Feb 23, 2012 6:12 AM
28	12595	Feb 23, 2012 5:02 AM
29	12806	Feb 22, 2012 9:40 PM
30	13197	Feb 22, 2012 4:29 PM
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32	12482	Feb 21, 2012 7:57 PM
33	12458	Feb 21, 2012 7:44 PM
34	12382	Feb 21, 2012 4:24 PM
35	12261	Feb 21, 2012 12:42 PM
36	13273	Feb 21, 2012 11:15 AM
37	12666	Feb 20, 2012 11:43 PM
38	13109	Feb 20, 2012 11:02 PM

Page 1, Q1. ACCESS CODE:

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44	12726	Feb 20, 2012 5:04 AM
45	13164	Feb 19, 2012 4:25 PM
46	12935	Feb 19, 2012 12:29 PM
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48	12538	Feb 18, 2012 8:51 PM
49	13360	Feb 18, 2012 4:55 PM
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52	12212	Feb 17, 2012 8:38 PM
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56	12049	Feb 17, 2012 5:01 PM
57	12420	Feb 17, 2012 3:20 PM

Page 1, Q1. ACCESS CODE:

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66	12099	Feb 16, 2012 2:22 PM
67	12961	Feb 16, 2012 1:15 PM
68	13236	Feb 16, 2012 12:46 PM
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71	12830	Feb 16, 2012 7:10 AM
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73	13162	Feb 15, 2012 6:24 PM
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Page 1, Q1. ACCESS CODE:

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94	12558	Feb 14, 2012 3:29 PM
95	12934	Feb 14, 2012 1:29 PM

Page 1, Q1. ACCESS CODE:

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114	12017	Feb 13, 2012 10:46 PM

Page 1, Q1. ACCESS CODE:

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130	12063	Feb 13, 2012 6:45 PM
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Page 1, Q1. ACCESS CODE:

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201	12794	Feb 7, 2012 10:36 AM
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Page 1, Q1. ACCESS CODE:

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468	12217	Jan 16, 2012 9:27 AM
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Page 1, Q1. ACCESS CODE:

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481	13229	Jan 16, 2012 6:10 AM
482	12207	Jan 16, 2012 5:28 AM

Page 4, Q4. Domain 1 Comments:

1	I answered the frequency questions as if it were about one specific client	Feb 28, 2012 5:36 AM
2	me seria mas facil si el cuestionario estuviera en español gracias.	Feb 28, 2012 12:40 AM
3	Hard to say how often a Pilates teacher might be faced with a client whose medical situation is such that participation in a Pilates program NOT designed with specific regard to the client's medical status would lead to "extreme harm," but in theory, the risk could be high (that's the basis for my answers.)	Feb 27, 2012 10:38 PM
4	this client information is critical to any pilates instructor and should be re-evaluated and reviewed whenever the client or instructor deem necessary with or without medical reason or release.	Feb 26, 2012 2:12 PM
5	In terms of this last section, a teacher would need to obtain this information for every client, but once the information is obtained, they would only require updates to the records. Since Pilates involves such a vast range of exercises that require a high skill level, the teachers should also have high level evaluation skills to choose appropriate programming for each client.	Feb 26, 2012 11:44 AM
6	usually i receive a medical release or former records once but continue to verbally ask about how their bodies are feeling, if they went to a doctor or any other manual therapist that week, etc I have contacted their doctor with concerns and visa versa. so, the "repeaty" doesn't really pertain to some of these questions in my option.	Feb 25, 2012 9:03 PM
7	All of these thing are important.	Feb 25, 2012 6:19 PM
8	The above stated questions mostly and most importantly pertain to clients in a private session and certainly for clients that are physician referred. In the general fitness and group classes,aside of a general release form these issues are not addressed. I often question if there should be a different qualification to specialize in instruction for the private and/or the therapeutic practice of Pilates.	Feb 25, 2012 11:30 AM
9	The frequency catagory is a little hard to answer exactly because some of the information, once collected from a client, would not need to be revisited unless there were changes. All of the questions would need to be addressed with new clients upon his/her first visit.	Feb 23, 2012 6:54 PM
10	It is important that a client realize the Pilates teacher is not a P.T. Being release by a doctor after surgery and having the client follow up with their own private P.T. is essential in order to beginning basic safe Pilates after a full course of private P.T. It is important that the Pilates teacher connect with the P.T. to become informed of the clients limitations.	Feb 23, 2012 5:03 PM
11	I think it is imperative to keep in communication with the client about his/ her physical condition and keep abreast of what is going on. My first interview spends about 15-20 mins on this and I evaluate the information after and research what I need to in order to produce a program suitable for the client and their needs. Then after that it is important to ask the	Feb 22, 2012 9:59 PM

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	client how things are , any changes each time you see them. This need not take a long time but can be quickly done as they come in and during the session. For instance I had a diabetic I had to check on each time to see if she had done what she was supposed to re her blood sugar level and I learnt the hard way when I did not ask her one day and she started to go into shock as she had not followed her regime. Sometimes a client has had an injury and they do not tell you about it. So I always ask if anything has changed.	
12	The test does not measure, in any meaningful way, a pilates teacher's ability to teach and to help people. For example, one could study, do well on the test and still not be able to evaluate client's needs. The test needs to have a practical component, with a teaching demonstration and pretend client seeking assistance for a certain condition.	Feb 21, 2012 8:07 PM
13	While I believe it is important for Pilates instructors to understand and be able to discuss medical and health history, I also believe that each student should be approached as an individual. The same medical condition can create very different limitations in different bodies. It seems important to also have instructors understand that they are not responsible for all conditions in a body. Those bodies perform numerous actions all the time without supervision, Pilates instructors should be aware of, but not overly-responsible for potential movement injuries.	Feb 21, 2012 12:54 PM
14	This survey doesn't make any sense. As a studio owner and instructor for over 8 years these are all "necessities" in each section. There isn't a questions of how essential this may be, or if the inability to perform these tasks will effect their teaching...?!?!? It is an absolute must in order to teach Pilates. You might not have to think as hard or relate as much knowledge for someone healthy vs someone who is ill, but you have to be able to perform all of these tasks. period. None of these 5 questions/statments are any less important. Who put this together?!?!? Jeez, come on!!!	Feb 20, 2012 11:54 PM
15	Clients that have previous health issues, usually have clearance and/or contraindications. In the clinical setting, we have protocol to follow. In the studio setting, it may be different. I always have a medical clearance form, and appropriate legal documents to complete before our initial meeting. Then the followup is a necessary.	Feb 20, 2012 11:08 PM
16	In regards to frequency, teaching a group class vs. teaching a private client varies greatly. Most of this intake information is done at the start of a client's practice. It is done regularly and ongoing for private clients, but done less frequently with group class clients. Most of the time, we are unaware of changes in health unless they inform us. I try to keep an updated intake form on all group class clients every 6 months.	Feb 20, 2012 7:35 PM
17	Part 3, "Frequency," is quite confusing, which is why I didn't put down an answer. How often would a PMA Certified Pilates Teacher be expected to do each of things? I would add the option to answer "with each new client" to the answer choices, and then ongoing as needed to reevaluate the client's goals and/or injury rehabilitation. This could be several times a day, depending on how many clients a teacher sees.	Feb 20, 2012 12:22 PM
18	Are we talking about group or private clients?	Feb 19, 2012 4:33 PM

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19	It is vitally important that the instructor knows what is going on with a particular client and that no medical information which may adversely effect the training is withheld from the instructor. As wonderful and healing as the pilates work is, there is also the potential to injure when information is withheld. I had a client who omitted to tell me that she had a large benign tumor in her lower abdomen! The instructor also has to know the specific goals that the client has in mind to achieve, so concentration can be placed in specific areas.	Feb 17, 2012 8:54 PM
20	I do not believe a waiver needs to be signed or medical issues discussed in every session, but I do believe they need to be signed and discussed with EVERY client.	Feb 17, 2012 7:03 PM
21	The answers to the questions are somewhat different depending on a group mat class versus an individual client in a studio environment.. W are trained professionals but not physicians nor should we be collecting medical records as a precursor to our training. Conversation with the client as per the above with signed release should be adequate	Feb 17, 2012 5:42 PM
22	this information is important. but last question depends on frequency of clietn coming in and new information. Instructors hshould be updating information as when this would be more important that other times.	Feb 17, 2012 3:28 PM
23	This is difficult to assess as I am a teacher who uses present time consciousness to follow and lead clients where they need to go. I do not believe this is a teachable attribute and no amount of questioning clients will allow the revealing of all necessary medical restrictions. In fact, I often find that the physician and physical trainers who send in reports are missing some very basic truths about the client's wellness. There are of course some major common risks and diagnoses which need to be understood and accounted for as a Pilates instructor.	Feb 17, 2012 3:25 PM
24	While identifying muscular imbalances and asymmetries is important for the longevity of the client to be both effective and helpful, makes this factor very important but probably does not pose a threat for danger, just lack of client retentio and true help.. The same applies to understanding the clients goals.	Feb 16, 2012 10:11 PM
25	I do not think that Pilates teachers should need to obtain medical information from other medical providers through the medical release process. Obtaining written medical information from medical practitioners would also imply that the Pilates teacher would have to comply with HIIPA. Obtaining medical reports implies that Pilates teachers are able to understand technical information. Most teachers do not have this medical knowledge and understanding. However to identify risk factors, discuss goals with a client and set goals - these are all part of being a good Pilates teacher.	Feb 16, 2012 2:57 PM
26	I feel from a professional standpoint it is our responsibility to do all we can on the front end so that the client and teacher can create the best, safest and most excellent experience ever!	Feb 16, 2012 12:57 PM
27	At the intake or assessment phase described in these tasks... the exercises and programs delivered are typically at a baseline or beginner level. This assumes that clients in mat classes have been screened or are aware enough of their issues to work at their own level or not go into an advanced class.	Feb 16, 2012 12:21 PM

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28	Ho often would be as needed based on the individual clients issues.	Feb 15, 2012 4:10 PM
29	It is very important that we are able to get the information we need to come up with an appropriate Pilates repertoire. But, if I cannot get my hands on actual medical records, etc I have to trust that my client is giving me as much information as possible. I believe this can be handled through a VERY thorough intake form that does not leave a lot of blanks but is specific to common problems that people have - especially those that will effect what exercises I plan. (i.e - osteoarthritis)	Feb 15, 2012 3:29 PM
30	As a Physical Therapist it was difficult to answer these from a fitness perspective. Knowing the extensibility and importance of Pilates in changing and affecting an individuals life, my answers may lean to the more extreme spectrum of things.	Feb 15, 2012 2:56 PM
31	A client has also the responsibility of letting the instructor know. I have had experiences where the client does not want to discuss their medical /physical history with teacher and instructor must respect that, and possible design a very "light" program until client feels confident and trust that their information is safe.	Feb 15, 2012 2:21 PM
32	>As the tasks are evaluated for criticality, the answers are colored by whta the conditions the client brings in the door with thme in determinig criticality. > Tasks as they pertain to frequncy all it is ambiguous as to what is intended: are the tasks referring to frequency of how these actions apply to all clients as they walk through the doors or how often are they reviewed for existing clients?	Feb 15, 2012 11:34 AM
33	The data in 1, 2 and 5 need only be part of the initial intake, then as needed as situations change. It should create the base layer of communication then be added to if needed.	Feb 14, 2012 8:35 PM
34	Safety of the client is of primary importance. A PMA certified instruction should always have sufficient information In order to properly evaluate the client and determine which exercises are appropriate considering medical history and current medical conditions, limitations or restrictions,	Feb 14, 2012 7:06 PM
35	I think it's critical that all programs begin with an intake form, which includes a risk assessment questionnaire (par q), goals. An initial evaluation should be included in the introductory sessions which includes blood pressure, heart rate, posture, strength and flexibility.	Feb 14, 2012 4:02 PM
36	The questions are a contradiction to the initial guidelines that are presented in this survey. I believe the term that you used was "apparently healthy". If that is the case why the questions structured around clients that are obviously not? I teach corrective exercise to people...period. If a person feels well enough to exercise, I am not asking their doctors for permission for a client to do something that is by all accounts is deemed "good for the body", the same as I do not call a doctor for his advice on whether or not I should eat vegetables. The problem with Pilates has nothing to do with the physical condition of the client, it lies within the system itself.	Feb 14, 2012 4:00 PM

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37	In this last section...i am put repeatedly, because though I don;t have my clients fill out a new form everyday, I ask how they are, giving them a chance too tell me about their stiff neck, aching knees/shoulder from life activities which might change the focus of our session	Feb 14, 2012 10:12 AM
38	Rapport and trust is essential in obtaining this type of information on an ongoing basis.	Feb 14, 2012 9:47 AM
39	Some questions sound like Pilates teachers need to have medical certification and pharmaceutical knowledge in order to set up an exercise program. The Pilates teacher needs to continuously assess proprioceptive responses to movement tasks to make sure the client is on the right tracking in the exercise program. REgarding Task 1: Written questionnaires? They require a statistics professional. How about instead asking the Pilates professional to discuss conditions that pertain to a workout plan?	Feb 14, 2012 1:13 AM
40	It is extremely important to notice changes their Pilates exercise program has made in their muscular imbalances and asymmetries in order to continually update their program to make it appropriate for their needs.	Feb 13, 2012 11:03 PM
41	Pilates Teachers must be able to read documents and speak intelligently to the medical community in order to maintain integrity in the Pilates work and to keep a client safe by knowing contraindications for various physical conditions; when applicable. For the healthy client base; initial intake forms are all that are needed.	Feb 13, 2012 7:26 PM
42	If a teacher cannot properly assess a client's needs, be they physical, mental or medical, the client is at risk. If a teacher cannot properly align a client's body prior to strengthening it, the client is being strengthened in the misaligned form.	Feb 13, 2012 6:53 PM
43	all of the above should be done on a on going basis. The body is continually changing and evolving and so must the work	Feb 13, 2012 6:31 PM
44	PMH and questionnaire should be given to all new clients and updated as client status changes	Feb 13, 2012 5:56 PM
45	not clear on question...how often with same client or diff clients? If the history changes we should know...	Feb 13, 2012 3:58 PM
46	checking in with clients prior to each class for any changes is essential	Feb 13, 2012 3:32 PM
47	Assumption for Frequency section is that the question refers to separate clients, not repeatedly with the same client.	Feb 13, 2012 3:00 PM
48	All of these are critical to developing a safe and effective pilates program for the client and for the instructors growth as well.	Feb 13, 2012 2:57 PM
49	Task 1 is usually more than is expected and performed by most Pilates instructors on a regular basis, Whether that needs to change or not is debatable. In Task 2, identifying risk factors or co-morbidities such as medications and sytemic illness may go beyond the scope and training of the majority of Pilates instructors.	Feb 13, 2012 2:53 PM

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50	I assume all these choices to be worst case scenario. If extreme harm were done each time someone did Pilates, we would not be so enthusiastic about it, nor would all those workout tapes make so much money. I marked "Substantial" not "Extreme" harm on teacher's inability to perform tasks 3 & 4. In a group class setting one tries to understand each client's needs and goals but may not have the opportunity to fully discuss-one assumes the client takes some responsibility and a good teacher will instantly spot someone who shows signs of discomfort and respond. Of course in occasional cases, extreme harm can be done-walking down the sidewalk is risky!	Feb 13, 2012 2:46 PM
51	We require client to fill out profile including fitness level, previous exercise routine and frequency, medical and medication history and goals when they begin, and check in with them each session to see where they are at, etc.	Feb 13, 2012 2:31 PM
52	An instructor can ask each client to fill out a medical questionnaire before his/her initial session. The instructor is relying on the client to give a full and accurate account of his/her medical history. I have found that some clients think that revealing their medical histories is a breach of their privacy. I have had to explain to them it helps the instructor tailor the program to his/her needs and requirements in order for him/her to reach the goals of his/her Pilates training sessions. If a client has had surgery or been in physical therapy and has been working with a trainer before the surgery/physical therapy, he/she is usually more willing to share information with the trainer. All clients sign a medical release form before their initial session. This protects the client and the instructor. It is the instructors' job to continually assess each client's posture, movement, balance and coordination every session to monitor improvement. If the instructor is observant, he/she notices changes in the client and can suggest outside intervention to the client if a condition becomes out of the scope of the Pilates instructor.	Feb 13, 2012 2:17 PM
53	These are difficult to answer as it depends on the severity of the clients issues. I feel that question 1 is too broad. Since I am not a doctor or PT, my ability to analyze medical records is limited due to scope of practice and training. I may be better at assessing an ailment or disability I am familiar with. I think it's most important to be able to recognize when the ailment/disability is outside my abilities. I believe a medical questionnaire should be a requirement, the knowledge of when to seek medical release is a requirement, but former medical records are not.	Feb 13, 2012 2:08 PM
54	These questions are leading. It is impossible for me to answer in a way that reflects my true opinion. I feel the survey as canted to support a point of view.	Feb 13, 2012 2:00 PM
55	this area is a must so that you do no harm and design an appropriate Pilates program.	Feb 13, 2012 1:43 PM
56	It would be great if the frequency terminology was Yearly; Monthly; Weekly; Daily rather than Rarely; Sometimes; Often; Repeatedly. The connotation of those groups of words are very different. Rarely and Sometimes often can be identified with something being less important instead of less often.	Feb 13, 2012 1:34 PM
57	The amount of harm caused by having insufficient information about a client can vary based on the severity of the case. With some clients, very little harm could occur, with others lack of information could have serious repercussions.	Feb 13, 2012 1:18 PM

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58	With regards to Frequency - I believe Task 1 should be done once at the beginning of a new clients sessions and then reevaluated systematically (occasionally) if the clients health changes from the initial evaluation. This section might have been better labeled in relation to a time table based on a year - never, Once, twice a year, every session, etc.	Feb 11, 2012 12:46 PM
59	I watched and experienced too many instructors just great their clients and have them get on apparatus with out any evaluation at all.	Feb 11, 2012 10:20 AM
60	Each clients needs are met on an individual basis. If there is a health risk I feel it is important to closely follow up on all areas to make sure the exercises are safe and the clients are receiving the quality expertise they have paid for. We update health and medical information as it changes per client. All clients must communicate any injury, pain, or condition change before every class or private session. They must sign a statement that they will be 100% honest in communicating with the instructors before, during and after class. We have the clients call with anything to report after they have left the studio. Good communication is very important.	Feb 10, 2012 3:09 PM
61	It is really important to a PMA Certified teacher to be able to evaluate the clients before, during and after the session, make sure to have medical clearance from medical profesional to make the program suitable and not harmful program	Feb 9, 2012 11:08 PM
62	I am answering "extreme harm" as worst-case scenario, some medical conditions would not necessarily be harmful if not identified, while others would cause "some harm" and others still "extreme harm" (especially if a client is taken through a balance exercise and falls).	Feb 7, 2012 11:30 PM
63	While doing a full evaluation (written and verbal) when first assessing a client is very important, reassessing a client's issues, needs and goals will depend on how healthy the client is and how often they see their instructor.	Feb 6, 2012 2:35 PM
64	While I think it's important that we assess a client's posture and movement patterns in order to design the most effective Pilates program... I don't think it's harmful to the client to not do so. It's more harmful to not take into account risk factors and client screening.	Feb 5, 2012 2:57 AM
65	This information definitely applies to a client who is new to the studio. It also applies to situations that happen during the course of your relationship to that client, especially if they are middle age and have different health issues such as total knees, shoulder/knee surgeries etc. I think we as pilates providers need to constantly reevaluate our goals and risk factors for our clients.	Feb 2, 2012 9:24 AM
66	Without these skills teachers just teach choreography. Teachers need to know HOW to work WITH the client's body in the moment. In my experience teachers who do not understand how to get, interpret, and apply information gathered via the methods mentioned above tend to force peoples bodies into the choreography. Teachers need to understand what parts of the client's life: medical, emotional, movement patterns, etc., explain WHY that person is not moving 'correctly.' Without the above mentioned skills the results the teacher is working negligently and can cause acute injury or worse	Jan 31, 2012 1:53 PM

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	COONTRIBUTE to chronic mis-use patterns that the client is trying to avoid by doing Pilates in the first place.	
67	Frequency would be an "ongoing" dialogue between client and instructor not a sit-down go over paperwork type of thing.	Jan 29, 2012 9:57 AM
68	Definig goals with aa client is minamally helpful becasue ofte in the course of the program a goal will modify and change. also, with experience a teacher can initiate a more proper goal for the client. For example, a 200 lb individual who thinks that pilates alone will reduce their weight substantially will need a re-evaluation of thir pilates goal. Finally, most clients will say that they want to tone and strengthen,gain flexibility and I fell it is up to the instructor to find out exactly where in the clients life those issues are most poblematic. For example, an older clent who wants more flexibility to get on the floor to play with their grandchild is differenet from a client who needs more flexibility to drive the car longer distances	Jan 27, 2012 12:40 PM
69	Clients so vary and being this is a very general survey. I feel the need to be more on the conservative side of no harm to clients in my answers	Jan 26, 2012 8:34 PM
70	If the teacher is in a rehab setting, all items listed above are critical. If the teacher is in a gym, he/she needs to balance the healing powers of Pilates with the "good workout" side. It does no good to identify a hip hike and excessive lumbar curve and spend an hour long lesson working to stretch the psoas if the client never comes back because that's not what he/she was looking to get out of the lesson.	Jan 26, 2012 5:27 PM
71	Some clients will have a far greater need than others for close monitoring, but the "do no harm" principle dictates that the teacher should always stay on the side of more.	Jan 26, 2012 9:56 AM
72	None of these questions specify if we are talking about an entry level or highly experienced teacher. For instance, a new teacher who is well trained might still take years to develop an eye for identifying muscular imbalances that are subtle, and this eye is best developed by working with many, many clients. My answer that it is extremely important means that a new teacher would have to meet requirements that are inappropriate for that level. I do not feel that discussing goals with the client is crucial. It's a good thing, but not essential to the work. Often the goal of the client is stated on the initial phone call to set up the appointment and is understood by both client and teacher without a lot of discussion. The pilates teacher must have clarity around goals for the client, but I read the questions to mean that it is discussed with the client.	Jan 26, 2012 12:26 AM
73	Many of these questions depend on the issues that the client presents with - anyone with a diagnosis needs to be screened carefully. Sometimes I send potential clients to see a PT because they are moving in odd ways or in pain, and I feel the need for guidance. In general, it is better to be safe than sorry. Additionally, by collaborating with medical professionals, I often gain valuable information and referrals.	Jan 25, 2012 1:22 PM
74	My answers reflect the importance of the initial meeting but not necessary to repeatedly review results with the client. If it is apparent through observation and conversation if the client is progressing and improving. It doesn't seem important to continue to question. It should however, be documented. If the client chooses to leave and then at a later date return the	Jan 25, 2012 12:28 PM

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	teacher is then able to refer to the notes as to whether the client maintained or digressed.	
75	Advanced skills are needed in order to work with a rehab/post-surgical clientel -- these skills are not acquired via a traditional Pilates certification. Your description of a Pilates instructor being able to instruct a seemingly healthy individual doesn't align with the questions you are asking. We all know clients with many physical issues come to Pilates -- the issue is bridging the gap between the general knowledge acquired via traditional certifications and the rehab clientel instructors will ultimately be seeing. Until certifications address this, at the very least, instructors should "know what they don't know" and refrain from teaching clients that are over their heads.	Jan 25, 2012 9:12 AM
76	With regard to 'frequency', I've assumed this is in relation to one client. Every time a client is seen, a review should be made of these factors, though clearly the time spent will vary enormously from the first session with the client, to the point where the client has been coming long term. However a session should always begin with a review of the client's health and goals, and clearly a teacher is constantly reviewing muscular imbalances throughout the session.	Jan 24, 2012 1:33 PM
77	Proper assessment of a client before beginning any teaching is key to avoid injury, or aggravation of a preexisting condition, keep the client safe and ensure proper results are achieved in the class/training.	Jan 24, 2012 11:14 AM
78	Task 1, 2 and 5 are primarily performed at the first session so the frequency depends on how often a new client comes into the studio. Tasks 3 and 4 are continually being assessed during each session. I assumed that extreme harm indicated potential damage to life and limb and Pilates is generally not that dangerous.	Jan 23, 2012 3:39 PM
79	The instructor will need to have some resources to understand the answers to the questionnaire in order to create appropriate, safe and effective Pilates programs for their compromised clients. Increased training in this area would be effective as would some resource guide.	Jan 23, 2012 2:12 PM
80	To clarify frequency: When working with a client with pathology, past initial evaluation and determination of contraindications and appropriate program design, teachers need to be cognizant every session about if and how a client is improving or not, if anything is aggravating and therefore what is an alternative, yet making sure the client is challenged to authentically improve (what can a client do vs. what they can't). A signed agreement must also be made that the client will report any new issues, injuries, etc... past an initial evaluation. Lastly, I believe not all PMA Certified teachers are qualified to work with clients who have certain pathologies. Those who are qualified should have additional, specialized training and apprenticed experience within a rehabilitation environment under the mentorship of a certified Physical Therapist who is also a comprehensively trained Pilates teacher. A PMA Teacher should sign an agreement with the PMA that they will not work with clients outside their scope of practice, experience, or education, referring to an appropriate practitioner.	Jan 23, 2012 1:18 PM
81	I believe that the relationship with the client is an open ended relation where the communication must flow freely in order to get the most benefit.	Jan 22, 2012 7:52 PM

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82	A Pilates teacher must first be competent in the area of keeping the client safe and then be able to deliver an appropriate and effective exercise program	Jan 21, 2012 5:41 PM
83	I answered Often for tasks 1 and 2 because they cannot change too quickly	Jan 21, 2012 10:05 AM
84	Task 5 is not very clear to me. Identifying information means what? Does it mean researching on the internet? Calling the Physician? What action does it represent?	Jan 21, 2012 9:43 AM
85	Pilates instructors are providing a fitness service, should be professional, know how to deal with doctors and understand special cases. However, we should never be so arrogant to think we can "fix" someone. We should aim to reduce pain, get people moving safely, and never play God. Every person is different and there are no absolutes. What is okay for one will not work for another, you have to try in order to know.	Jan 20, 2012 6:36 PM
86	The duty of these tasks for a Pilates teacher may not have the same degree of responsibility if the Pilates teacher also has a license that assumes greater responsibility such as PT, Nurse, MD, DC, etc. The Pilates teacher must take care to collect information within the scope of practice of a Pilates teacher.	Jan 19, 2012 4:30 PM
87	It is imperative for a Pilates professional to understand the relationship of a client's "risk factors" and health history to their teaching and programming. If there is no base of understanding of status of the client on all of these levels, it opens the door for safety risk to the client.	Jan 18, 2012 9:42 PM
88	these skills are NOT taught in most programs so how is a trainer to learn these skills or even understand the data (medical) they gather?	Jan 18, 2012 4:15 PM
89	In terms of Frequency, many of the tasks above occur within the first session with a client - especially addressing injuries, medical release, etc. If you are seeing brand new clients many times a day, the frequency rises. If you have been seeing the same clients for many years, the frequency decreases. In terms of determining a Pilates exercise program - that could mean a long time overarching goal (which is set usually within the first few sessions and you may not do every day), or within the one hour session (which is done every time you see the client). Of course, no matter if the client is brand new or a long time regular client, you are constantly assessing all factors above in the present session. Bodies and ailments change from day to day.	Jan 18, 2012 2:37 PM
90	I am a bit confused by Task 5. The question is not completely clear to me. Am I asking for the medical release? Do they have a medical release and I am looking at how to work with their condition? I think that this question could be rewritten to be clearer.	Jan 18, 2012 1:57 PM
91	Como la entrevista está en inglés y mi lengua es la española puede haber algún error en la comprensión de las preguntas. Si tienen alguna duda ponganse en contacto conmigo. Me gustaría que la PMA contemplara el hacer las	Jan 18, 2012 1:00 PM

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	preguntas en el idioma de los entrevistados. Muchas gracias y encantado de colaborar.	
92	Regarding clients with on-going medical conditions, requiring traditional medical attention, some minutes of each session should be devoted to updating the Pilates Instructor on current opinion and directives from physicians, physical therapists and pharmacists.	Jan 18, 2012 11:43 AM
93	If teachers are not gathering and using properly, the information on clients medical, exercise, and injury history, I don't feel that it will always lead to extreme harm, but there are for sure cases that it would or could. Teachers should also be prepared to speak with other caregivers of the client if consent is given.	Jan 17, 2012 11:35 PM
94	Task 5 was hard to grasp-my answers were based on getting more information resulting from task 2.	Jan 17, 2012 11:11 PM
95	I'm answering assuming that this is for a first time client.	Jan 17, 2012 6:26 PM
96	All of these items are very important for Pilates teachers.	Jan 17, 2012 3:41 PM
97	It is very important that a PMA certified teacher assesses her client's physical and psychological state every time the client walks it the door, medical release or not. This assessment need not be formal if there are regular meeting times. Perhaps it should be more formal at a first session or after a long absence. It is also important that a PMA certified teacher can read materials provided by a physician or physical therapist and can incorporate them into a private pilates session. It is also important for the PMA certified teacher to communicate her teaching approach to her client regularly in order to educate her client and justify her thought process.	Jan 17, 2012 2:53 PM
98	w/ Frequency, I'm not sure I am understanding, would we repeatedly ask the client these questions? Most of these items listed above wouldn't change too drastically - working with the same person week after week the instructor would get to know them and their body and would likely know what is going on.	Jan 17, 2012 12:51 PM
99	Physical/medical assessment is primordial to constructing an effective and safe program. A PMA Certified Pilates Teacher has a very powerful tool that can help or injure someone if not used appropriately. Our mission as a teacher is to bring the body back to neutral as possible, taking in consideration body limitations such as injuries (previous or current) or congenital issues.	Jan 17, 2012 12:00 PM
100	Pilates teachers must be in the habit of constantly assessing and reassessing their clients, even within a session. Is the client demonstrating the movement pattern and control that the teacher demands. If not, why not? What needs to be changed in order to facilitate movement within an exercise that's safe, controlled, precise, and that moves the client towards improved movement health?	Jan 17, 2012 10:43 AM
101	I'm not sure about this last part of the question. "How often would the PMA teacher be expected to:"...do you mean with	Jan 17, 2012 10:32 AM

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	the same person over and over? or do you mean each individual that is new to the studio? I think a new person should always fill out a medical questionnaire. After that, maybe every so often if something new is going on. In our studio, our members tell us if something new is going on with their health.	
102	You have to know what you are dealing with to help someone vs. harm them.	Jan 17, 2012 2:50 AM
103	Some of this information is technically beyond the scope of practice for anyone who is not a licensed physical therapist.	Jan 16, 2012 11:27 PM
104	Exercise history etc. with all new clients, but not with them every visit.	Jan 16, 2012 4:42 PM
105	I think that it is absolutely necessary to gather the information described in task 1, it may not necessarily have to be in questionnaire form. Most important is the ability of the trainer to understand what the limitations of the said injury may imply. Gathering information without knowledge of how to apply what you've learned is useless.	Jan 16, 2012 4:09 PM
106	Much of this information would be ongoing with a regular client taking private lessons. Clients in a group setting would probably elicit slightly different responses/	Jan 16, 2012 3:37 PM
107	I think it is also critical for the instructor to understand his or her scope of practice. Some Pilates instructors are medical doctors or physical therapists. Others are not.	Jan 16, 2012 2:29 PM
108	Some of these tasks would be dependant upon the frequency of working with the client eg., a client who returns after a prolonged absence. I would be best to review all pertinent information. At the beginning of each session, I believe it is wise to inquire if there any new or continuing problems for the client, if this is a client who is seen on a regular basis.	Jan 16, 2012 2:24 PM
109	In the Frequency section is it unclear to me if we are talking about the same client or many clients.	Jan 16, 2012 1:49 PM
110	In order to determine moderate harm or substantial harm it would be necessary to know the history. So it is difficult to answer on the survey without knowing all the facts. For instance some conditions would only cause moderate or no harm while others would cause substantial harm. The instructor would not know unless they have the information on each client. My answers indicate at caution above all else.	Jan 16, 2012 1:21 PM
111	Assessment and evaluation are vital components in creating a safe and effective environment for the Pilates client.	Jan 16, 2012 11:43 AM
112	I always ask my clients how they are feeling before I begin any class or session and determine the workout in accordance with their daily condition.	Jan 16, 2012 11:21 AM
113	A client should be asked at the beginning of every session how they feel and if they are suffering any joint/muscle pain. Any client that needs a medical release should be started with the most basic movements and not allowed to progress	Jan 16, 2012 10:34 AM

Page 4, Q4. Domain 1 Comments:

until those movements are performed with proficiency and not pain during the exercise and after.

114	Working with clients individually requires a different level of continuous interaction; teaching a group - either equipment or mat, presents a different level of interaction between instructor and clients. It would be more beneficial to make these distinctions in the survey in order to receive more meaningful answers.	Jan 16, 2012 10:29 AM
115	The medical release is not necessarily a flag that the person with a release is at more risk of harm than some one with an imbalance. Often people with releases are more cautious than those who don't know of their restriction.	Jan 16, 2012 10:26 AM
116	It is most important with any client to keep the lines of communication open as they improve and change. In my practice I will weigh on the conservative due to my education as a Physical Therapist Assistant.	Jan 16, 2012 9:57 AM
117	A person that becomes a PMA certified practitioner should be well aware of the above methods of correct approach and training.	Jan 16, 2012 9:52 AM
118	Health and injury questionnaires should be updated at least annually. It is the client's responsibility to update the teacher with any changes in medication or conditions. The client should be able to rely on the initiative of the teacher when it comes to goal setting, short term and long term. Bodyreading is the most important skill of the teacher and should be applied ongoingly. Medical release should include a risk assessment. It is the teacher's skill to understand movement to the extent of being able to determine ROM, load and whether the client can make the required connections to perform an exercise safely and in appropriate alignment.	Jan 16, 2012 9:46 AM
119	I have noticed a tendency for Pilates teachers to think that 'Pilates can cause no harm'. This is simply false. We have a huge responsibility to tailor our Pilates programmes to individual clients. Teaching the repertoire by rote or sticking to dogmatic old-fashioned methods merely because it is the 'tradition' is an irresponsible way to teach which can result in serious harm.	Jan 16, 2012 5:35 AM

Page 5, Q4. Domain 2 Comments:

1	I think a Pilates program can be reasonably comprehensive and effective without the use of every single piece of equipment listed here.	Feb 27, 2012 10:44 PM
2	these are the reasons continuing ed is so important.	Feb 26, 2012 2:16 PM
3	Questions are worded in such a way where there may be multiple answers. These answers depend largely on the client. Assessment skills are very important, and creating safe programming is very important. The level of harm done or not done is dependent on the client's physical well being and strength. If there is a high level of injury, there is a high level of danger if Pilates is not taught properly. If there is no injury, the level of danger is decreased significantly. This really needs to be taken into account throughout the survey.	Feb 26, 2012 11:50 AM
4	I have trouble with the word "harm".The word harm may mean physical injury,perhaps even psychological damage. i believe that for most of these questions,the implication would not be harm,however inefficiency and poor results. In clients with special needs,lack of knowledge and education may certainly cause harm.	Feb 25, 2012 10:06 PM
5	The scope of teaching skills as a comprehensively trained Pilates teacher are the value add we have to offer and sets us apart from for instance Personal Trainers, for the reason of full body engagement versus muscle (group) isolation. Developing the 'eye', and in-depth understanding of the biomechanics and anatomy are required in addition to chart/notes, or even to being able to take useful notes that reflect an ability to assess and reassess. Having more clarity on the subjective measures will be very helpful in integrating all elements of teaching and will also assist registered schools to help their trainees' growth as a teacher.	Feb 24, 2012 5:58 PM
6	Mr. Pilates referred to his method as a way to develop the body uniformly, corrects posture, alignment, and rids bodies of compensatory weaknesses that contribute to chronic injuries. If the Pilates teacher works within the method with the least amount of modifications possible all bodies will reap the benefits of this method. Too many changes in the choreography, philosophy and principles of the classic method is not Pilates. If a teacher has to modify everything then the client needs more PT before joining a full classic Pilates studio.	Feb 23, 2012 5:19 PM
7	You have to be able to think on the spot as to what is going on with the client and adjust as needed. Having a prepared base to work from , formed from your notes from last session and then adjusting that as necessary for the client in front of you. Sometimes exercise environment bothers a client and becomes more of an issue and you have to handle it the best you can. Really it is all about being with and for the client in front of you.	Feb 22, 2012 10:08 PM
8	The idea of having a national standard (s) for pilates teachers makes a lot of sense, since each approach is so different. However, the test needs to be more comprehensive, so that the skills mentioned in this survey are actually tested. Taking the test in 2007, I did not feel the test to have any real value.	Feb 21, 2012 8:12 PM
9	Of course, in a clinical setting I track things more closely. In a studio setting, my goals may be different, depending on	Feb 20, 2012 11:11 PM

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	my clients.	
10	I would rather separate these question according to group class teaching vs. private client teaching. My answers would vary for both categories.	Feb 20, 2012 7:40 PM
11	Same thing with Part 3 on this page. You should specify whether you're talking about multiple clients, or one client. I	Feb 20, 2012 12:26 PM
12	My main concern in this section is that the instructor be well educated and diverse and knowledgeable in all the equipment and make the work interesting and appropriate to the specific needs and accomplishments of the individual client.	Feb 17, 2012 9:03 PM
13	The above assessments are	Feb 17, 2012 5:56 PM
14	The language used refers to "assessments" (as in PT?) which should not be part of a Pilates Professionals language as that alone provides legal risk! What should be required is a skill set to observe what is happening in the body(basic biomechanics) using basic first 5 mat exercises and/or pre Pilates exercises and observation of client when they walk in, in addition to collecting information.	Feb 16, 2012 10:21 PM
15	Criticality is subjective to the individual client. An elderly client with health challenges is impacted much more than a young fit athlete.	Feb 16, 2012 8:22 PM
16	working in a private studio, one can adust environmental issues to best suit the client, but in a group studio with many instructors working, sometimes you and your client just have to roll with it.	Feb 16, 2012 1:29 PM
17	awareness of the clients needs and abilities are crucial to providing the best session and environment for growth and enjoyment!	Feb 16, 2012 1:03 PM
18	This is an excellent task list! I like the delineation of task 1 being design and task 2 being implementation (though my responses were the same for both)	Feb 16, 2012 12:26 PM
19	Working with healthy individuals in a non-medical environment, there is often limited Pilates equipment, so teachers may not always be instructing on the full spectrum of equipment. Not all sessions and progress are recorded via charts and notes. Certainly for compromised clients, or those in rehabilitative environments. Often though, in fitness environments, there is no note-taking.	Feb 15, 2012 8:26 PM
20	For me the frequency of charting depends on the individual client and their issues. I find some need more while others need less.	Feb 15, 2012 4:23 PM

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21	The ability to evaluate your client, chart your evaluations and constantly 'check - in' with your clients is an invaluable lesson a Pilates Instructor should receive from their Master Trainer. Not only does it make your clients life-time lovers of the exercise, you become someone they trust and respect in regards to their progress. This applies to all types of clients - transformation, senior, post-rehab. It does not always mean that someone is going to get hurt or not enjoy their session if you don't follow all the 'rules', but if you dig deep and use the tools that Pilates provides, the influence is amazing.	Feb 15, 2012 3:36 PM
22	This is a bit of a touchy subject for liscensed rehabilitation specialists to see. We have in upwards of 7 years of advanced education at the Masters or Doctorate level to be able to perform some of the tasks listed about and frankly some instructors may be capable of doing such but not all are competent at this level and should not be performing such tasks	Feb 15, 2012 3:01 PM
23	The Pilates program should be tailored to the individual client and modified as necessary if any condition, limitation, or restriction changes during the course of the clients session. In a class environment, if at all possible the members of the class should be at or near the same level of competence. Even in a class session, the PMA instructor should be aware of any particular conditions, injuries, or limitations that may arise and should encourage the clients to discuss these with her/him.	Feb 14, 2012 7:13 PM
24	The Pilates methodology was developed around Joe's viewpoint of a straight spine. The focus on holding the navel to the spine, focus on squeezing muscles, etc have done more harm to the posture than they have been successful in developing core strength. That has nothing to do with the teacher relaying the information, that is a flaw that lies within the system itself, hence the number of interpretations of Joe's work. The value of the system lies within the equipment, something that is not given as much of a focus as it deserves.	Feb 14, 2012 4:13 PM
25	The reason i put moderately important for the middle section is that in a sense we are teaching exercise and exercise is taught everyday in not very intelligent ways and people get hurt and they don't get hurt. i think the real harm is not to the client, but to the pilates teaching community in that pilates gets misunderstood as something that hurts one or is not that effective of a strength building system	Feb 14, 2012 10:22 AM
26	Harm is an ambiguous term. Return on investment is an important factor in designing an effective program and to carelessly spend time and \$\$\$\$ on an ineffective program benefits no one, and may even "harm" the reputation of the teacher as well as the clients check book.	Feb 14, 2012 1:33 AM
27	It is important to continually notice the changes students achieve with each Pilates movement.	Feb 13, 2012 11:12 PM
28	These question are very ambiguous. you redesign the program, to a certain extent, every session. every day is a brand new day. you use all your skills every session. Every day is different, every body is different.	Feb 13, 2012 10:06 PM
29	Knowledge of the work is most important to a successful Pilates workout and happens in the moment based on the human body in front of you. Pre-designing a Pilates program; more often than not can be useless depending on how the	Feb 13, 2012 7:28 PM

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	client feels on that given day. All things in theory work; real life practice on the other hand can be completely different.	
30	A teacher's inability to do these things results in clients not progressing, not getting results, not achieving their potential in the method. The harm done is potentially more to the client's perception of value in the experience and less to the physical well being of the client.	Feb 13, 2012 6:57 PM
31	Teachers need to realize a clients status may change daily so need to constantly evaluate and change program accordingly	Feb 13, 2012 6:00 PM
32	again I think this is a strange topic "how often" unclear what you mean - a single client or multiple???	Feb 13, 2012 4:00 PM
33	Re: task 4, to be clear, it is not essential to utilize all equipment for a safe and effective, comprehensive pilates session. Re: task 5, each instructor has wide discrepancy in storing client info mentally, and note taking definitely should occur in case of inconsistent instructor or when instructor cannot retain all the pertinent info on client.	Feb 13, 2012 3:48 PM
34	So many teachers are certified only for mat work; I agree that no matter the equipment, a healthy and safe movement session is paramount, but in listing all the pieces of equipment, the question assumes that every teacher has been trained on every piece. Doesn't PMA want to include those who only want to teach mat work and be certain that they too are prepared?	Feb 13, 2012 3:04 PM
35	#7 is a bit convoluted as a question. To me, home programs belongs elsewhere and is not environmental so it is difficult to evaluate the question.	Feb 13, 2012 2:39 PM
36	The questions on criticality are very subjective. This is hard to evaluate. If a certified instructor is incapable of performing these tasks, he/she should not be teaching. The only exception to this is Task 4. A certified instructor should be trained on all of the mentioned equipment, but not every studio has all the equipment mentioned in Task 4, so the instructor could not make use of everything mentioned.	Feb 13, 2012 2:26 PM
37	Again impossible to answer. The potential for harm may be there, but the actual occurrence of harm may not be. Dont like these question. Feel designed by some third party consulting group and not be rral Pilates teachers.	Feb 13, 2012 2:03 PM
38	Is it possible that task 4 would read better with an 'a' added? Task 4: Employ (a) comprehensive Pilates syllabus and philosophy to...	Feb 13, 2012 1:36 PM
39	We have many clients. We teach in small classroom numbers so everyone is able to receive individual attention. If a client has a condition that all instructors need to be aware of, we keep updated notes to make sure that the client is getting safe and effective teaching techniques for a successful outcome. If the client cannot participate safely in a classroom situation, that client must take private lessons till they gain enough strength and understanding about their body limits to	Feb 10, 2012 3:11 PM

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	participate in a class safely.	
40	Clients should be assessed every session, whether it is multiple times a week or once a month.	Feb 6, 2012 2:40 PM
41	It's important to develop an appropriate program for each client but it's even more important to have the teaching skills to impart that information.	Feb 5, 2012 3:04 AM
42	, Reformer, Trapeze Table, Chairs, Barrels,, Mat, Magic Circle.. I believe that these are the necessary apparatus, the others are nice to have. The syllabus for these are mandatory at the very least.	Feb 4, 2012 12:33 PM
43	Repeatedly=ongoing	Jan 29, 2012 10:01 AM
44	If the client needs another type of exercise routine, or would benefit from another, or additional exercise routine, the certified instructor should not hesitate to suggest / modify the clients' program. the certified instructor should not call other training methods pilates, when in fact they are not, and should be very specific about why this is pilates and this is not. a client needs to be informed and comfortable about what they are doing. it is the instructors responsibility to provide that knowledge and environment.	Jan 27, 2012 12:52 PM
45	again- there is a large variation here based on where the lessons are being taught. In a studio: absolutely adjust the temp and music. In a gym: deal with what you've got.	Jan 26, 2012 5:29 PM
46	Task 4: many studios do not have ALL the pilates equipment. Successful pilates programs have existed for years with only reformer, cadillac, chair. If I remember correctly what Michele Larsson has said, Eve Gentry didn't have a cadillac but instead had springs attached to the wall. Task 5: Some very excellent teachers never write client progress notes, but track it in some other way. The question specifically asks about recording through writing ("chart, notes"). If it asked the question using the broader concept of tracking, I would have answered differently. Task 7: if only we could! Many studios are in places where noise level from the outside, light sources, and room temperature cannot be controlled! (May I never have to stare up at florescent lights again!! or shout to my client above the sanitation trucks or trains outside!!)	Jan 26, 2012 12:39 AM
47	Re: Task 4: I don't understand this question. Is the emphasis on health and safety? Simply using the given list of equipment is not what I consider the employment of a comprehensive Pilates syllabus and philosophy. Yes, it's important that a teacher employs Pilates philosophy, but I consider it less important that they employ a comprehensive Pilates syllabus - they need to use what exercise and equipment is appropriate for the client...my seniors are less likely to use the Ladder Barrel than a dancer, but they should both embrace Pilates philosophy. Additionally, not all teachers will have the entire range of equipment (which seems to be what is implied here), however they may give a class that is head and shoulders above another teacher that has the entire range.	Jan 24, 2012 2:22 PM
48	The difference between a good pilates instructor and a great pilates instructor is one who can adapt the class to meet	Jan 24, 2012 11:18 AM

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	each students current physical abilities and needs - continuing to challenge students at the level they are ready for and can reach.	
49	A PMA certified instructor should have the full knowledge of the complete repertoire on all apparatus. She should also employ a variety of teaching skills to educate the various individuals she sees. If a trainer sees her clients regularly, there is no need to keep daily records. This is fitness field not a medical field, after all. However, it is important to have her client's updated protocol available to mindfully progress the client and also in case there needs to be a substitute teacher. Lastly, a good environment for the client is a good business strategy most of the time. A PMA certified instructor should, however, know that certain populations need specific environments. For example, someone with MS should not be overheated.	Jan 23, 2012 1:19 PM
50	Re: Task 4 - I do not feel that a 'comprehensive Pilates' is defined by the variety of equipment available, but by the ability to make needed adaptations in positioning and movement.	Jan 23, 2012 7:38 AM
51	If we keep the client informed and teach them in a respectful way we will continue to keep them.	Jan 22, 2012 7:53 PM
52	Although I have answered questions in varying gradations as per the instructions, I have always assumed, expected that all these skills, abilities are necessary to being a teacher/instructor - and that these skills, etc are only vehicle/tools through which we teach our clients. Obviously ensuring the success and extent to how well a person executes these things is the problem and the purpose of having a certification process to begin with. One of the problems and challenges is how to accomplish this via a multiple-choice exam. The biggest problem I feel with this process is that there is no way to evaluate the quality and effectiveness of how a teacher touches a client which is a hallmark of the sophistication with which Pilates is taught, versus how most fitness regimes are taught. In today's age of information and technology I don't see how this issue of evaluation of touch can be ameliorated with a written/electronic exam and thus the test only certifies the knowledge a person has and not actually their ability to translate that knowledge into a healthy, useful and successful experience for clients. Thus a PMA certification can only ensure a certain degree of knowledge and not whether the teacher is actually "good". We hope that a written exam will provide the minimal education necessary to ensure a safe workout for clients, but short of sending out master teachers to evaluate a teachers abilities in the actual situation of teaching a person I don't see how anything more is possible. I think its important to know how many and what complaints the PMA has received from clients who have indeed worked with a PMA certified teacher, but that their experience was very negative. It seems to me that looking at that information is crucial to developing and monitoring the effectiveness of any certification procedure.	Jan 22, 2012 3:40 PM
53	Task 7 is a "nice to have". But some people come in wanting to not sweat, and with this type of movement keeping a studio cold enough to not sweat could cause harm to the client, so this is where I would have differences of opinion.	Jan 22, 2012 1:45 AM
54	I hate reformer classes. It is too limiting and beginners do not have enough knowledge to work on a reformer for 60-minutes. I believe this commercialized class format needs to be eradicated, it has ruined Pilates.	Jan 20, 2012 6:40 PM

Page 5, Q4. Domain 2 Comments:

55	Task 4 depends on training and equipment availability in studios - most don't have the smaller pieces. Task 5 measuring a clients progress in Pilates is difficult due to lack of tangible short term results	Jan 20, 2012 8:58 AM
56	More definition should be given regarding the word "harm" I've taken it to mean actually injury. But it could also mean detriment to progress.	Jan 19, 2012 4:14 PM
57	It is the ideal for the Pilates professional to not only be experienced in assessment but also incorporating that assessment into the use of the Comprehensive Pilates repertoire for the client.	Jan 18, 2012 9:45 PM
58	Task #7 is not really harmful to the client, but extremely harmful to the success of the teacher. I do think that it is necessary to creating a successful practice.	Jan 18, 2012 2:02 PM
59	As Mary Bowen always encourages us, Pilates Instructors should take a weekly lesson from another Instructor, NOT in their own studio if possible. This is an important way to realize how important all of these functions are, when one is at the other end of the teaching!	Jan 18, 2012 11:47 AM
60	It is hard to say whether the absence of these practices would harm a client. If they were fragile, yes, but certainly the client would have a hard time improving and likely lose interest. Making use of all the equipment and philosophies should be used/focused to match the needs of the client.	Jan 17, 2012 11:55 PM
61	All of this is very important.	Jan 17, 2012 3:44 PM
62	A PMA Certified Pilates Teacher needs to continually assess his/her clients' status to work towards improving their physical condition. In the long term, it is of the outmost importance to update charts and notes accordingly to clients' progression. It is a daily task of mine to ask my clients how their bodies are feeling on the day of our sessions; so I can adjust to particular needs such as a stiff neck, a sore back, arthritic flare up, pulled muscle, etc. Quizzing our clients on how they are feeling is of daily importance and will help establish a great level of trust between the teacher and the student.	Jan 17, 2012 12:15 PM
63	I think it's better for a teacher to work with what they know rather than try to use a piece of equipment or prop and teach an exercise incorrectly or unsafely. Task 3	Jan 16, 2012 4:14 PM
64	Again, with clients who come rarely or clients that only attend group session, I would answer differently than for those who attend regular private sessions.	Jan 16, 2012 3:42 PM
65	If the instructor does not continually notice and recognize the body's improvement -- the client will plateau, and not progress. Will the client be harmed by this? Not sure -- but they will certainly stop coming to Pilates. Does every client need to be advanced? Not necessarily. But one can always refine and gain greater strength and range of motion.	Jan 16, 2012 2:32 PM

Page 5, Q4. Domain 2 Comments:

66	In Task three the words "educate the client" are vague as to the extent of the education - it is far more important that the instructor take that responsibility. Under frequency I would have been more comfortable with an "as needed" choice.	Jan 16, 2012 1:28 PM
67	I put less emphasis on #4 because perhaps not all studios have all of the equipment and clients can progress nicely with simply a reformer. Also, some peices of equipment may be contraindicated for certain clients ie clients with balance or fear issues may be less likely to feel comfortable using the chair.	Jan 16, 2012 12:51 PM
68	If you see a client frequently and have a great memory it is not necessary to document all details but significant issues should be documented in the even that they might see another teacher.	Jan 16, 2012 11:29 AM
69	Task 3 contains dangerous wording. One school of Pilates may say something is the most efficient, and there is the other school saying otherwise. The idea is to explain a little bit about the movement science without overwhelming the client. Often instructors explain in a private session things the client isn't interested in hearing and they disengage with the session. It is more important to clearly explain some things in group class.	Jan 16, 2012 10:42 AM
70	I document each visit, however I am in a PT environment.	Jan 16, 2012 10:02 AM
71	I believe a confident and experienced Pilates practitioner will follow the rules but apply them where necessary and applicable. Though a lack of some methods of structure may vary per client they are still essential but at various levels.	Jan 16, 2012 10:00 AM
72	Comprehensive knowledge of the repertoire need not result in comprehensive use of the full repertoire. Teachers should not feel obligated to use each piece of equipment in each session. Simplicity is sometimes more effective. The teacher should know the full repertoire but not feel bound to always use it.	Jan 16, 2012 5:40 AM

Page 6, Q4. Domain 3 Comments:

1	depending on relationship with client these things may or may not be done more often. a return to pilates after ANY hiatus should ALWAYS require a reassessment and new intake.	Feb 26, 2012 2:19 PM
2	Again, the level of harm depends on the health of each client.	Feb 26, 2012 11:52 AM
3	As to task 1, the goals and content in the Pilates syllabus is already there. The method of Pilates works, there is no reason to change it other than progress the client with advanced choreography.	Feb 23, 2012 5:29 PM
4	These domains seem to overlap in content.	Feb 22, 2012 10:19 PM
5	Same on part 3 here as on previous pages.	Feb 20, 2012 12:28 PM
6	A teacher that does not constantly reassess their program tfor their client, will soon have no clients.	Feb 16, 2012 8:25 PM
7	The clients growth and continued progress depends on the committment and communication from the trained instructor!	Feb 16, 2012 1:06 PM
8	Goal setting, achieving goals, reassessing, and establishing new goals should be done at regular intervals, ie quarterly. Anytime a client has been away for a period of time, a PMA teacher should reassess client's status.	Feb 15, 2012 8:32 PM
9	Again these questions are crossing over the line of scope of practice for many instructors and could be detrimental to clients if the training is not specifically trained at a post graduate level to perform such tasks.	Feb 15, 2012 3:03 PM
10	Reassessment following a hiatus is extremely important in order to properly evaluate the safety and effectiveness of the client's program. Periodic reassessment is important so that clients feel challenged and can work towards objective fitness goals in their Pilates program. If a client is practicing only once a week, a PMA instructor might want to encourage more sessions in a class environment that may be more economical for the client. Conversely, if a client is going only to class sessions, a PMA instructor might want to explain to the client the benefit of adding a private session to their program so that they can work on individual fitness goals or speed up their Pilates competence level. A home program incorporating Pilates exercises that they do on equipment in class or in a private session is always beneficial, particularly for clients who may not always be regular in their practice or who travel extensively.	Feb 14, 2012 7:21 PM
11	Really, a good pilates teacher should be able to do all these things just for the sake of our professionallism, so again the harm isn't necessarily to our clients...but to our profession and our community	Feb 14, 2012 10:25 AM
12	Again, how do you define harm?	Feb 14, 2012 1:34 AM
13	It is important to constantly notice student's quality of each movement.	Feb 13, 2012 11:16 PM

Page 6, Q4. Domain 3 Comments:

14	You are using reassessment in every session, in every class. You rarely teach the class or session exactly as you thought.	Feb 13, 2012 10:10 PM
15	Formal written assessment beyond the initial intake form is redundant unless there is a medical issue which requires attention. Clients are basically "assessed" each and every lesson by just asking how they are and how they feel and confirmed by how they move; or not.	Feb 13, 2012 7:28 PM
16	on task #2..."or whenever the client returns from said hiatus"	Feb 13, 2012 6:22 PM
17	Our clients are accessed each session as they work progressively through the system so 'reassessment' is unnecessary, as we establish ongoing and longterm relationships and dialog with the client. The Pilates Teacher should always be aware of the client's progression and potential need for change of content, etc.	Feb 13, 2012 2:48 PM
18	Task 2 assumes that the client has been a client before the hiatus. Does this assessment need to be a written assessment? A verbal assessment? I agree that the client needs to be re-evaluated after a hiatus, but filling out another medical release, history and evaluation just for documentation might be seen as excessive by the client. On the other hand, if the client does fill out the paperwork again, it protects the instructor.	Feb 13, 2012 2:34 PM
19	Not going to participate any further. The whole thing is silly and unconnected to real day to day teaching.	Feb 13, 2012 2:04 PM
20	Started my career teaching physical fitness in 1980. Very first year of teaching I witnessed a client taking an aerobic class, tear her Achilles tendon. The company that I worked for did not get medical background, or communicate with the clients about personal health issues or goals. Everyone just did their thing. Since that experience I have learned that on going communication and mutual understanding of health concerns as well as fitness goals are essential for SAFETY and success in meeting the personal goals a client has set for themselves. I never assume, even if a person comes in saying they are 100% healthy and strong, I start with the basics and proceed from there.	Feb 10, 2012 3:12 PM
21	the teacher needsto be cconstantly aware of the clients performance level, and flexible enough to make changes to better improve the health and or happiness of the client. Even if the client has had not hiatus or physical change, if they are unhappy with the workout, or bored, make changes! Eliminate your ego.	Feb 6, 2012 2:21 PM
22	Ultimately we want our clients to have the maximum experience and benefit from Pilates but I couldn't rate it as 'harmful' if they're not being pushed appropriately in their learning experience.	Feb 5, 2012 3:09 AM
23	As with any survey it is hard to say what is often or repeatedly. I feel that as pilates instructors we have an obligation to be diligent in maintaining a quality of instruction that makes sure are clients are progressing in a safe effective way. I don't think you could maintain a clientele or a business if you are not paying attention to the needs of the people you serve.	Feb 2, 2012 9:36 AM

Page 6, Q4. Domain 3 Comments:

24	There are different types of clients in this scenario. If someone is healthy, they will not be harmed. They certainly will not progress and likely get bored. If the client has challenges, they should be reassessed often. The trainer should be able to do this with through movement assesment skills.	Jan 30, 2012 2:02 PM
25	Frequence section more difficult to answer appropriately. Important to reassess each time there is an event such as a hiatus or client changes learning environment.	Jan 30, 2012 11:59 AM
26	In all of these questions I find the Criticality section confusing. In the majority of clients "No harm" or "Minimal harm" is right, but you never know... That is why eternal vigilance and adherence to the strictest standards is so vital....	Jan 28, 2012 9:48 AM
27	If a client has taken a hiatus and their teacher can't reassess and adjust their program when they come back, they will likely just find another teacher.	Jan 26, 2012 5:31 PM
28	I don't understand the Frequency section: how often per each client - only when necessary. How often as a teacher in general? - again, when called for. Hence I've answered "sometimes".	Jan 26, 2012 12:45 AM
29	Task 2: This would need to take place with each such occurrence, but not every day. So in this case the frequency as defined earlier doesn't really quite fit with the situation.	Jan 25, 2012 2:37 PM
30	in this domain i am thinking that if the client is comming ofen at the studio and i am working with him for as long time	Jan 24, 2012 7:29 PM
31	I have a steady clientele which does not require a great deal of reassessment so I'm not sure my response would be the same if my clients were sporadic or walk in.	Jan 24, 2012 11:33 AM
32	It would be harmful to assume a client who has been absent for a period of time may not have a new concern or issue.	Jan 24, 2012 11:20 AM
33	Reassessment is paramount to a safe workout environment. It can also give agency to the client in her own progress. It is important in a class environment to create an atmosphere of safety and mindfulness through education. A PMA certified instructor should use a variety of teaching skills to educate her clientele to have a deeper awareness of their individual physicality in a class setting or a private setting. This developing awareness will give her clientele the ability to assess their own status and progress. A good teacher makes herself obsolete.	Jan 23, 2012 1:29 PM
34	To clarify FREQUENCY: Task 2: This should "always" be done when scenario presents itself.	Jan 23, 2012 1:18 PM
35	I believe there is a need for commitment between the teacher and the client and it is for the benefit of both.	Jan 22, 2012 7:57 PM
36	Domain 3 Criticality could be viewed as client retention. If an instructor cannot do the items listed - they will possibly cause "harm" but moreso may not be able to retain clients if they do not continually reassess progress.	Jan 19, 2012 4:18 PM

Page 6, Q4. Domain 3 Comments:

37	Task 2 frequency does not apply, do reassessment when client comes back and the continue as before hiatus	Jan 19, 2012 1:27 PM
38	Reassessment is necessary for the optimal success of the client.	Jan 18, 2012 9:49 PM
39	Intuition is critical in this area; for example when a client has been away on vacation and just returned for their first session following a few weeks away; it is helpful for the Instructor to sense how distracted and/or unfocused the client might be.	Jan 18, 2012 11:50 AM
40	Those last 3 questions are a little to odd to answer. Whenever a client has been on a hiatus, they should be reassessed and asked for any new history. Teachers should always be on the lookout for clients needs whether that be a challenge or more support.	Jan 18, 2012 12:05 AM
41	Reassessment is again one of the tasks of a great PMA Certified Teacher. For a program to be valid and fruitful, one needs to reassess the student's progression/regression and fit the program with their personal needs.	Jan 17, 2012 12:15 PM
42	Again -- my thoughts here are with respect to an instructor's ability to perceive change in a client's body and adjust accordingly. I think it's important that instructors challenge and confuse the body -- so that patterns do not become rote. Although movement competency and control of the body is a goal -- it can always be progressed.	Jan 16, 2012 2:36 PM
43	again it is difficult to determine the magnitude of harm without knowing the circumstances. since the situation is not given my instinct is to put extreeme harm as the answer but often a return to practice would cause no harm for many. It is better to use caution if the information is not available.	Jan 16, 2012 1:32 PM
44	Individual sessions versus group, equipment versus mat require clarification to give this survey more accuracy	Jan 16, 2012 10:32 AM
45	A PMA practitioner should be continuously assessing their clients. Actually any professional trainer should be doing so.	Jan 16, 2012 10:04 AM

Appendix F: Eligibility requirements

The exam is available to any Pilates teacher regardless of their Pilates training background who meets ONE of the following eligibility requirements:

1. Documented completion of a minimum 450-hour comprehensive Pilates teacher training program ; or,
2. Documented 720 hours of comprehensive Pilates employment within the last 12-months.

Definition of the certified Pilates Teacher

The PMA-Certified Pilates Teacher creates and implements safe and effective individualized programs or apparently healthy clients to improve health and fitness through exercise and physical activity. The goal of a PMA Certified Pilates Teacher is to impart the knowledge skill and confidence for clients to exercise for a lifetime. By awarding the title of Certified Pilates Teacher, PMA is formally recognizing the Pilates teacher who has provided evidence that he or she meets accepted professional standards.

Appendix G: Reliability analysis

Scale: D1, Importance

Case Processing Summary

		N	%
Cases	Valid	410	85.1
	Excluded ^a	72	14.9
	Total	482	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.761	5

Scale: D1, Criticality

Case Processing Summary

		N	%
Cases	Valid	393	81.5
	Excluded ^a	89	18.5
	Total	482	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items

Reliability Statistics

Cronbach's Alpha	N of Items
.809	5

Scale: D1, Frequency**Case Processing Summary**

		N	%
Cases	Valid	395	82.0
	Excluded ^a	87	18.0
	Total	482	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.826	5

Scale: D2, Importance**Case Processing Summary**

		N	%
Cases	Valid	367	76.1
	Excluded ^a	115	23.9
	Total	482	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.788	7

Scale: D2, Criticality

Case Processing Summary

		N	%
Cases	Valid	358	74.3
	Excluded ^a	124	25.7
	Total	482	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.891	7

Scale: D2, Frequency

Case Processing Summary

		N	%
Cases	Valid	355	73.7
	Excluded ^a	127	26.3
	Total	482	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.755	7

Scale: D3, Importance

Case Processing Summary

		N	%
Cases	Valid	347	72.0
	Excluded ^a	135	28.0
	Total	482	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.730	3

Scale: D3, Criticality

Case Processing Summary

		N	%
Cases	Valid	347	72.0
	Excluded ^a	135	28.0
	Total	482	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.789	3

Scale: D3, Frequency**Case Processing Summary**

		N	%
Cases	Valid	344	71.4
	Excluded ^a	138	28.6
	Total	482	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.730	3

Scale: All measures**Case Processing Summary**

		N	%
Cases	Valid	311	64.5
	Excluded ^a	171	35.5
	Total	482	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.932	45