

Pilates Exercise Guidelines for Ante/Post Natal Clients

By providing these details you are agreeing to allow me to contact you in order to book future classes or workshops hosted by Pilates Isle of Man. All information provided by you is not shared with a third party.

The effects of using the Pilates method of exercise during and after pregnancy are: to stay strong, keep fit and maintain fitness, stay in touch with the changing body, improve posture and maintain core strength.

<u>First Trimester</u> <u>0-12</u>	<u>Second Trimester</u> <u>12-28</u>	<u>Third Trimester</u> <u>28-40</u>	<u>Post Natal Period</u>
<ul style="list-style-type: none">Exercise programme as for all other clients.	<ul style="list-style-type: none">No exercise in supine position;Adapt prone lying exercises as baby grows;Longer warm up and cool down.	<ul style="list-style-type: none">No exercise in supine position;No rotational exercises;Avoid adductor and abductor lift in side-lying;Longer warm up and cool down, adding in relaxation phase.	<ul style="list-style-type: none">Normal vaginal delivery return to exercise after GP clearance to do so;C-Section resume controlled exercise following GP clearance to do so.

Medical Screening Form for Ante/Post Natal Clients

Name:	Date:
Date of Birth:	Due Date:
Address:	
Telephone/Mobile	

Emergency Contact Name and number:	
Health Care Contact Number:	
Doctor:	Midwife:
Exercise Goals:	
Exercise history:	
Medical Conditions	
Tick box if you experience any of the following conditions and add details of medical interventions and medicines taken for each condition:	
Shortness of breath	
Chest Pain	
High blood pressure	
Miscarriage	
Seizures	
Vaginal disorder	
Vaginal bleeding	
Heart Disease	
Blood disorder	
Hypoglycaemia	
Pelvic/abdominal pain	
Arthritis	
Incompetent cervix or cerclage	
Multiple gestation	
Diabetes	

Multiple births	
Joint Problems	
Please provide any additional information you feel it is important for your Pilates instructor to know:	
<u>Post Natal Clients only:</u> <u>Date of delivery:</u>	
<u>Type of delivery:</u>	
<u>Did you have an episiotomy?</u>	
<u>Are you breast feeding?</u>	
<u>Post natal check up completed?</u>	
Signed.....Date.....	

EMain 11/06/18