



Call for Research

**Pilates Method Alliance
19th Annual Meeting
Research Oral and Poster Presentations
Monterey, CA October 23-26, 2019**

Deadline for Submission: 12/30/2018

Dear Colleagues,

We are calling on you to participate in a research forum at our 19th Annual Meeting of the Pilates Method Alliance, Monterey, CA, on October 23-26, 2019.

The Pilates Method Alliance supports ongoing research, an integral part of the evolution to inform Pilates technique, teaching and practice. Sound research and evidence-based practice is necessary to ensure that Pilates is effective, efficient, and safe. Scientific evaluation of Pilates is not only important to practitioners, students, clients, and patients but also to all other health and wellness professionals.

The PMA Research Committee is looking for authors to present their research in both ORAL and POSTER abstract formats.

Please take this opportunity to share your knowledge and experience with the Pilates community. Through shared knowledge, we remain focused on understanding and promoting effective practice in Pilates and related domains.

Sincerely,

A handwritten signature in black ink that reads 'Sherri R. Betz'.

Sherri R. Betz PT, DPT, GCS, PMA®-CPT
Research Committee Chair

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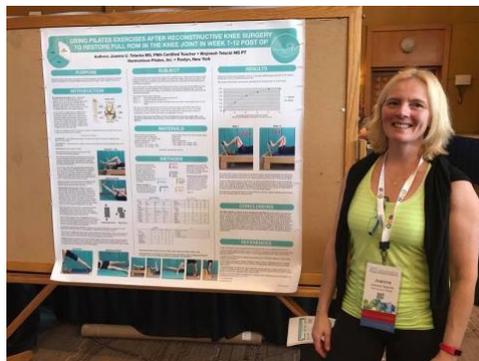
Pilates Method Alliance 19th Annual Meeting Research Oral and Poster Presentations Monterey, CA October 23-26, 2019

APPLICATION GUIDELINES:

The PMA Research Committee invites applications for both ORAL and POSTER research presentations.

Oral presentations are 15-minute oral presentations to a seated audience, with 10 minutes for the speaker's presentation and 5 minutes reserved for audience questions. A computer with PowerPoint software and projection screens will be provided. Accepted presentations will be asked to prepare a 10-12 slide presentation summarizing their research. Presenters of Oral presentations will also be invited to prepare a poster or a one-page handout for display in the PMA Research Committee Booth.

Poster presentations are reports in which information is summarized using brief written statements and graphic materials, such as photographs, charts, graphs, and/or diagrams designed in a computer generated format, which is printed and then mounted on a poster board measuring no larger than 4 feet high by 6 feet wide. The poster will be on display throughout the entire conference in the PMA Plaza. Designated times will be assigned by the Chair of the PMA Research Committee for attendees to meet the author and discuss their research project.



**Joanna Telacka's
Case Report Research Poster
at PMA Expo Hall 2017**

Photo reproduced with permission from Joanna Telacka

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Preparing the Abstract Application

Abstracts must be presentations of scientific research. Any established research format will be considered including: systematic reviews, literature reviews, randomized or non-randomized clinical trials, pre and post-test designs, descriptive studies, single-subject designs, qualitative methods, within subject experiments, between group experiments, case series, case studies or case reports.

Applications must be submitted in the form of an abstract for both **oral presentations** and **poster presentations** and must include the following information (include all subheadings in the sequence shown below):

Purpose: What was the purpose of the study? What was the primary hypothesis for the research?

Human Subjects Protection/Institutional Review Board (IRB): State the name and identification number of the IRB group that reviewed and approved your research (not required for literature reviews). Case reports that involve retrospective analysis do not require IRB review, but should have approval from the research subject and be reported confidentially (with names and unique identifying characteristics removed).

Subjects: State the number of participants and describe the relevant characteristics of subjects being sure to maintain confidentiality of the subjects. State how the subjects were recruited (e.g. volunteers, sample of convenience, etc)

Methods and Materials: What techniques were used to collect the data? What materials and equipment were included within this study? Briefly summarize the Pilates intervention including a description of the exercises (Apparatus and/or Mat) and comparison interventions (where applicable).

Analysis: List statistical, graphic or qualitative methods used for analyses. Describe the type(s) of statistical analyses used to address the purpose or hypotheses. Include descriptions of statistics and/or hypotheses testing.

Results: Briefly summarize the results of the study. Describe any factors that accounted for the results. Clearly report the major findings of the study. (i.e. group differences, association, statistical significance)

Conclusions: What can you logically conclude through the analysis of your data? What is the importance/relevance to Pilates practice? State your general interpretation of the results with valid application to the targeted population.

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Funding Source: Please state any source of funding or support for the research and indicate whether any of the authors have any conflict of interest or potential for material gain as a result of the study such as: “sales of products”, “gain more clients” or “increased referrals.” If none, state none.

References: Please attach at least 5 references from peer-reviewed research publications that directly informed the development of your research methods. Include at least 2 references published less than 5 years ago.

GENERAL INFORMATION FOR ALL ORAL and POSTER PRESENTATIONS

1. The abstract must describe original work to which all authors listed have made a substantial contribution.
2. If the abstract is selected for an oral presentation at the PMA Conference, the author will also be invited to present a poster reflecting the research to be displayed in the PMA Expo Hall throughout the PMA Conference. The author will also be assigned a time to be at the poster in the booth. This will allow attendees to meet the authors, ask questions and learn more about their research. The PMA will be responsible for printing all posters.
3. An abstract must report only one study. A study should not be divided into multiple abstract presentations (e.g., “validity and reliability data reported in two abstracts as two separate studies”.)
4. All abstracts must adhere to “people-first” language. A subject should not be referred to by disability or conditions, and terms that could be considered biasing or discriminatory in any way should be removed (e.g., “person with low back pain” instead of “back patient”.)
5. Abstracts must not promote a brand name.
6. All oral and poster presentations must cover the content and outline as described in the abstract.
7. Formatting the Text of the Abstract (*See sample below*)
 - a. All abstracts must be typewritten, single-spaced, on 8 ½ X 11” white paper, in Times Roman 12 point size. The word count in the body of the abstract (including subheadings but excluding title, author names, and contact information) should not exceed 400 words. The entire abstract content except references should fit on one 8.5” x 11” page. REFERENCES should be listed beginning on page 2 of your word document and formatted as in the sample document on page 8 below.

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- b. At the top of the abstract, type **TITLE OF YOUR PRESENTATION IN ALL CAPITAL LETTERS**.
 - c. Immediately following the title, type each author's last name and initials. Do not include titles or degrees or use periods. Underline the name of the one author who will present the work if it is accepted.
 - d. Immediately after the author name(s), place a semi-colon and then type the name of the institution or organization and the city, state, and country of the institution/organization in which the work was done. Include an e-mail address of the one author who will present the work if it is accepted. Include funding source information.
 - e. Leave one blank line between the author identifying information and the text of your abstract.
 - f. Include REFERENCES beginning on page 2 of the word document.
8. One author must be available to present their research at the designated time on October 24, 25 or 26, 2019.
 9. One day of free conference attendance will be awarded to each presenter.
 10. No honorarium or payment of expenses is provided for presenters.
 11. All abstracts will be reviewed and scored by the PMA Research Committee members without knowledge of the identity of the author(s). The Chair will remove the name of the author for the blinded reviewer process by the rest of the committee.

Selection will be based on:

- a. Clear, concise, well organized text with grammatically correct language (Use of Times New Roman 12 point font, under 400 word limit)
- b. Correct inclusion of Headings and Subheadings
- c. Compliance with content requirements for that category of presentation
- d. Institutional Review Board Approval or Client Consent form provided
- e. Conflicts of interest disclosed
- f. Title of the abstract correctly reflects the content of the text
- g. Internal consistency of information presented
- h. Adherence to "people-first" language
- i. Importance/clinical relevance clearly demonstrated
- j. Methodology clearly described
- k. Results are applicable to Pilates teachers or clients/patients/students

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- I. Analytical tools and statistical analyses are identified
- m. Conclusions are based upon measurable outcomes
- 12. Abstracts for all *accepted* oral and poster presentations will be published electronically on the PMA website.
- 13. The PMA Research and Presenter Committees reserve the right to make the final determination of presentation format (oral or poster) based on schedule and space constraints.
- 14. All decisions of the PMA Research and Presenter Committees are final.
- 15. All references that might allow reviewers to identify the author(s) or sponsoring organization will be removed to permit a blinded review of the abstracts.

Submitting the Abstract Application:

- 1. Fill out the Research Presentation Application online at:
<https://www.cvent.com/c/abstracts/4153ad4e-566e-46cf-a23d-1f36148d8743>
- 2. Attaching Abstracts - Attach **Word document** (NOT PDF) of abstract and references during the application process.
- 3. Please direct any questions to Sherri Betz, PMA Research Committee Chair at sherrib@pilatesmethodalliance.org

Research Presentation Applications:

Submissions must be
made online at

<https://www.cvent.com/c/abstracts/4153ad4e-566e-46cf-a23d-1f36148d8743>

no later than

Dec. 30, 2018

**USING PILATES EXERCISES AFTER RECONSTRUCTIVE
KNEE SURGERY TO RESTORE FULL ROM IN THE KNEE JOINT
IN WEEK 6 – 12 POST OP: SINGLE CASE STUDY**

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HUMAN SUBJECTS PROTECTION/INSTITUTIONAL REVIEW BOARD: #777077

PURPOSE: The purpose of this study was to show that apparatus based Pilates exercises are an effective method of rehabilitation in restoring full ROM in the knee joint post surgery; week 6-12.

SUBJECT: 1 subject: 49 year old female. Knee reconstruction surgery due to a skiing accident—medial meniscus repaired, lateral meniscus debridement, ACL replaced with allograft customized to the subject's particular knee anatomy. The complexity of the surgery resulted in conservative recovery protocol to ensure that the initial healing process would not be compromised. Non weight bearing during week 1-4, knee brace week 1-6, knee joint ROM restricted to 90 ° flexion week 1 – 6.

MATERIALS: Reformer, Chair, Mat, stationary bike, passive ROM, heat, ice.

METHODS: 3 to 5 times per week for 6 weeks; heat 15 min, Reformer, Chair, Mat protocol: Selected intermediate level Reformer and Chair closed kinetic chain exercises as a preferred method of post surgery rehabilitation. These exercises promote sequential movement in mobilizing the ankle, knee and hip joints. Every exercise is a compound movement where more muscle groups are recruited and used per exercise than in open kinetic chain exercises that promote more shearing forces. Selected intermediate level Reformer and Mat exercises as isometric exercises are used to strengthen thigh and lower leg. Passive stretching in weeks 6 – 10, stationary bike - gradually lowering the seat to increase ROM in knee joint, low RPM, gradually increasing duration from 2 min to 10 min. Ice for 15-30 min.

ANALYSIS: knee joint ROM measured with goniometer, knee flexors, knee extensors, and plantar flexors strength measured by manual muscle test.

RESULTS: Increase in passive ROM from 90° to 140 ° flexion within first 3 weeks. Week 4 and 5 ROM increased to 148°. The strength of knee flexors, knee extensors and plantar flexors increased from 3/ 5 to 4/5.

CONCLUSION: The Pilates method is an effective tool in restoring knee joint ROM. Using springs and various configurations of the footbar on the Reformer, as well as springs on the Chair, allows one to perform closed kinetic chain exercises with precision by flexing and extending the knee joint as much as possible, in a controlled environment. In addition, using isometric exercises within the Pilates repertoire strengthens knee flexors, extensors and plantar flexors. This improves knee joint congruity and prepares the subject for the next phase of the rehabilitation –dynamic strength training and proprioception.

FUNDING: None

REFERENCES

1. Celik, D. and N. Turkel (2017). The effectiveness of Pilates for partial anterior cruciate ligament injury. *Knee Surg Sports Traumatol Arthrosc.* 25(8): 2357-2364.
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4. Byrnes K, et al. (2017) Is Pilates an effective rehabilitation tool? A systematic review. *Journal of Bodywork and Movement Therapies.* Apr. <http://dx.doi.org/10.1016/j.jbmt.2017.04.008>.
5. Filbay SR, Crossley KM, Ackerman IN. (2016) Activity preferences, lifestyle modifications and re-injury fears influence longer-term quality of life in people with knee symptoms following anterior cruciate ligament reconstruction: a qualitative study. *J Physiotherapy* 62(2): 103-110.
6. Parikh C, et al. (2016) Role of Pilates in rehabilitation: A literature review. *International Journal of Therapies and Rehabilitation Research*; 5 (4): 77-83.