SAMPLE POSTURAL ANALYSIS

Exercise Name	What is this Assessing?
Footwork on the Reformer	· Balance · Symmetry · Mobility and agility of joints in legs and feet

· Can they align their hip, knee, ankle and metatarsal joints properly in a parallel position, can they maintain that alignment during movement?
· Can they align their hip, knee, ankle and metatarsal joints properly in a laterally rotated position?
· Do they have any muscular imbalances or deviations?
· Do they have a dominant leg?
· Do their feet supinate or pronate?
· Can they maintain a neutral spine while performing Footwork?
· Did they need an adjustment with the Springs, Headrest or Gear Bar?
· Do they need to develop balance, symmetry & mobility of the joints, legs and feet?

Exercise Name	What is this Assessing?
Bridging on the Reformer	· Balance · Spinal Articulation · Mobility

· Do they have mind-body awareness?
· Can they articulate their spine?
· Do they have any bulging or herniated discs? If so, then please have them perform a **Hinging Bridge**.
· Do they have any muscular imbalances?
· Did they experience challenges in stability?
· Did they experience challenges in mobility?
· Do they need to develop in spinal articulation, balance or mobility?

Exercise Name	What is this Assessing?
Plank on the Reformer (facing the risers)	· Spinal stability · Core stability · Core stamina · Hip & Knee Joint Mobility

· Were they able to hold a plank?
· Were they able to perform this with palms on the carriage?
· If not, did you put the Short Box on the Reformer?
· What springs were used?
· Did springs need to be changed during this exercise?
· Were they able to sustain strong shoulder stabilization?
· If they achieved shoulder stability, were they able to incorporate hip mobility?

CLUB PILATES®

INSTRUCTOR: _____

PERSONAL INFORMATION

Name: _____ Age: _____ Female / Male Occupation: _____

E-Mail: _____ Cell Phone #: _____ Today's Date: _____

PHYSICAL ACTIVITY AND MEDICAL QUESTIONNAIRE

	YES	NO
1. Has a doctor ever said you have a heart condition and recommended only medically supervised activity?	○	○
2. Do you have chest pain brought on by physical activity?	○	○
3. Do you tend to lose consciousness or fall over as a result of dizziness?	○	○
4. Has a doctor ever recommended medication for blood pressure or heart disease?	○	○
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	○	○
6. Are you aware, through your own experience or a doctor' advice, of any other physical reason against your exercising without medical supervision?	○	○
7. Are you over the age of 65 and not accustomed to vigorous exercise?	○	○

If you answered YES to any of the above, please answer the following:

Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment?	○	○
If you answered NO to question #8, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment?	○	○

If "YES" to any of the above, please see Master Instructor before exercise is scheduled.

	YES	NO
Heart Condition	○	○
Diabetes	○	○
Asthma - uncontrolled	○	○
Short of Breath	○	○
Arthritis – Bursitis Rheumatism	○	○
Hernia	○	○
Recent Surgery	○	○
Sacroiliac Problem	○	○
Angina	○	○
High Blood Pressure	○	○
Knee Problems	○	○
Back Problems	○	○

Cervical ○ Thoracic ○ Lumbar ○

NOTES:

I certify that the above statements are true and correct. I understand that a physician's note may be requested. If a note is requested, I should NOT proceed with this workout until the note is received.

Member Signature: _____ Date: _____

HISTORY

How long has it been since you were comfortable with your level of fitness?

What has changed?

How did you feel at that time?

GOALS

What are your goals, and why?

How long have you been thinking about achieving these goals?

What do you think has been holding you back?

What are you wanting to accomplish?

PRIVATE COACHING & NUTRITION PROFILE

Have you ever worked with a Personal Trainer/Coach/Instructor before?

Tell me about your nutrition.

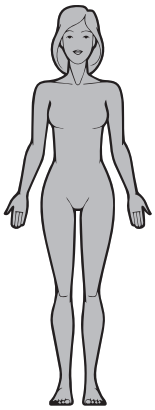
What medications/vitamins are you taking that might affect your workout?

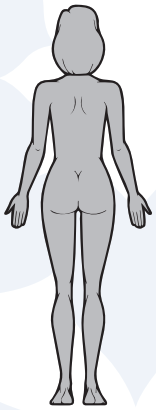
NOTES:

SKELETAL OBSERVATIONS

DATE: _____

INSTRUCTOR: _____





SIDE VIEW

ANKLE	L	R
KNEE	L	R
HIP	L	R
PELVIS		
LUMBAR		
THORACIC		
CERVICAL		
PLUMBLINE		

FRONT VIEW

FOOT	L	R
KNEE	L	R
PELVIS		
RIB CAGE		
SHOULDER	L	R
HEAD		
PLUMBLINE		

BACK VIEW

FOOT	L	R
FEMUR	L	R
SCAPULAE		
HUMERI		
OBSERVE STANDING ROLL DOWN		

PROFESSIONAL OBSERVATIONS & RECOMMENDATIONS:

On a scale from 1-10, how committed are you to achieving these goals?

	MON	TUES	WED	THURS	FRI	SAT	SUN
	LEARNING THE FOUNDATIONS						
1							
2							
3							
4							
	BUILDING STRENGTH & BODY AWARENESS						
5							
6							
7							
8							
	MEETING YOUR GOALS						
9							
10							
11							
12							
13							
14							
15							
16							

SOAP NOTES:

PACKAGE OPTIONS:

1. _____
2. _____
3. _____