

# Enlighten Your Body

## Mind-Body Methods for Health and Fitness

### Course Excerpt

#### Course Objectives



Upon completion of this course, the participant will be able to . . .

- ✓ identify the most common **asymmetrical pattern** in the human body.  
\*Stereotypical adaptations due to right handedness.
- ✓ define the term '**good use**' and explain why it becomes more important as we age.
- ✓ identify the primary **core musculature** that determines the body's basic posture.  
\*Erector spinae, abdominals (including the psoas and the quadratus lumborum), and the gluteals.
- ✓ use twelve (12) key **bony landmarks** as a cueing strategy.  
\*(1) the heel bone/calcaneus, (2) the kneecap/patella, (3) the frontal hip bone/ASIS, (4) the sitz bones/iscial tuberosities, (5) the rear hip bones/iliac crests, (6) the tailbone/coccyx, (7) the breastbone/sternum, (8) the collar bone/clavicle, (9) the shoulder blades/scapula, (10) the jaw, (11) the chin, (12) the crown of the head.
- ✓ use three (3) key **anatomical lines** as a cueing strategy.  
\*(1) hip to shoulder, (2) heel to sitz bone, (3) crown of head to coccyx.
- ✓ use the **base of support** as a cueing strategy.  
\*In the following categories: standing poses, single leg standing balance poses, seated poses, simple inversions, seated balance poses, and the down dog pose.
- ✓ create and use **imagery** (visualization) as a cueing strategy.
- ✓ teach sixteen (16) simplified basic **Pilates mat work** exercises.  
\*(1) modified beginner spine twist, (2) modified beginner roll up, (3) beginner double leg stretch, (4) beginner single leg stretch, (5) intermediate criss-cross, (6) intermediate single straight leg stretch, (7) beginner the hundred, (8) advanced shoulder bridge, (9) very advanced shoulder bridge, (10) advanced leg pull-down, (11) beginner easy swimmer variations, (12) beginner small circles, (13) intermediate front kick, (14) intermediate up kick, (15) intermediate side passé, (16) intermediate inner thigh lifts.
- ✓ understand the difference between **Classical and Operant Conditioning**
- ✓ identify the most common **motivations and barriers facing adult learners**

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- **The problem with compensations**

Patterns of misuse are most commonly incorporated as a compensation device. A compensation strategy is a way of coping. On the surface, this is a good thing because it allows you to continue to function in spite of an injury or budding asymmetry. Adaptations, or compensations, are meant to be short term strategies. Unfortunately, they can easily become permanent. Over time, these compensation strategies take their toll on the body. At some point in the future, long term compensations are likely to produce painful symptoms and functional limitations.

There are two key problems with physical compensation strategies. They are (1) habituation and (2) extinction. Remember how the compensation for my ankle injury resulted in a new way of walking? This is a good example of a compensation strategy becoming *habitual*. If not consciously corrected (i.e. returned to natural use), compensatory adjustments will become permanent fixtures. They become habits. Habits are hard to identify and even harder to change. The second problem, extinction, is most often associated with the aging process. When we are young, our bodies bounce back easily. We can drink alcohol, eat junk food, go without sleep, avoid exercising, or we can keep pushing our bodies until we're virtually exhausted. Yet we always seem to recover. No matter what we've done, within a day or so, we're feeling fine.

As we age, our bodies demand better care. To stay fit and healthy, our bodies *require* regular exercise. The need for proper nourishment becomes more apparent. So does our need for proper physical use. Good use is important because certain physiological changes (that are associated with the aging process) begin to limit our options for adaptation. As the tendons, joint capsules, muscles, skin, and organs dry out, they can no longer accommodate a variety of compensations. This is when compensation strategies become *extinct*. They no longer work. At this point, we can't continue to trash ourselves. We can no longer function via random, habitual patterns of misuse. Physical symptoms are a wake

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up call. They are telling us that it's time to examine exactly what's needed to sustain the life of our bodies. This includes taking a good long look at our poor patterns of use.

Thankfully, our bodies are designed to handle a fair share of asymmetry and poor use, but you can only abuse a joint so many times before it rebels. Though you may be able to misuse a joint fifty or a hundred times per day for ten years, eventually it will let you know that it's had enough. One way or another, your body will tell you that you are not using it in the manner that it was designed to be used.

For example, if you walk with your left foot turned out, the body might compensate by stepping heavier on the right foot. Instead of an equal distribution of the body's weight, the right foot will become the dominant weight-bearing foot. As a result, the whole right side of your body will become stronger. Now the left side won't need to work as hard, so it will become weaker. This compensatory shift tends to produce a slight rotation in the pelvis. Next the opposite shoulder will need to make an adjustment to counteract the pelvic shift. Can you see how one area's misuse gradually affects the whole body? And it's a sure thing that someday you will develop pain in the left knee and/or the left hip due to prolonged misuse of the left foot.

Luckily, there's usually a substantial grace period. Maybe it'll be ten or twenty years before your left knee starts to hurt. After age forty-five you might find that a sixty minute walk causes knee pain. By age fifty-five you'll declare that, "I have an arthritic knee and I can't go on walks anymore. I guess I'm just too old." As you sink deeper into the sedentary lifestyle, your health continues to diminish. You've given up on your body. To a certain extent, you've also given up on yourself.

I am not suggesting that we should all strive to attain the physical capacities of an Olympic athlete. And I am certainly not suggesting that we should strive to maintain such capacities for our entire lifespan! What I am suggesting is that we

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would benefit from a proactive approach to health and fitness that focuses on enhanced somatic awareness. We have to be able to identify the habitual, unconscious details of our physical use if we want to make changes and improvements.

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