

Programme on a Plate

CLUB CORE ROLLER (Foam Roller)

NEW CLUB CORE ROLLER

Order Code CCR

Are you fed up with the cheap Rollers losing their shape or being too hard?

Then try our new Club Core Roller manufactured from closed cell PE Recovery Memory Foam - not the common polystyrene foam. Indents made by knees etc during a class will "recover" within 24 hours. This new Club Core Roller is available in Swirl Blue and measures 38" x 6". Easy to clean and will not absorb sweat or moisture. Lightweight and easy to store. What more could you ask for!



USEFUL SET UP TIPS

When using the Club Core Roller (or any foam roller) ensure there is adequate floor space to perform the exercises. Request a completed PAR-Q from each client / participant, to determine the relevant exercises and adaptations. At all times, follow the guidelines regarding partial and non-weight bearing applications and maintain the appropriate supervision level for each client(s) ability.

General contra-indications:

- increasing pain levels
- dizziness / nausea
- ringing in the ears
- full weight bearing activities on joints with ligamentous laxity
- aggravation of degenerative joint diseases with mobility exercises
- activities that 'frighten' clients

If any of the following symptoms are presented, adapt or stop the exercise(s) as necessary:

- extensive muscular fatigue
- cardiovascular distress
- sensory overload

EXERCISES

SUPINE NEUTRAL POSITION ON TOP OF ROLLER

Physiology: Shoulder stabilisers, spinal stabilisers, pelvic stabilisers, deep abdominals and neck stabilisers.

Results: The purpose of the supine neutral position is to strengthen the muscles in an optimal position thus helping avoid injury, and to improve balance and breathing on the roll.

Contra-indications: This exercise is not suitable for women over 12 weeks pregnant or for individuals that are unable to maintain a neutral posture on an unstable surface.

Start position: Lie supine on top of the foam roller ensuring the full length of the spine is fully supported, keeping the knees bent and feet flat on the floor, with the knees and ankles in alignment. Pull the shoulder blades down towards the spine, with the chest open and the neck lengthened. To assist stability, place the arms alongside the foam roller with the palms of the hands on the floor.

Transitional phase: Focus on breathing deep and wide into the ribcage. Inhale to prepare and on exhalation draw the abdominals in towards the spine and engage the pelvic floor muscles, whilst



maintaining neutral pelvic alignment. Whilst breathing, focus on rib / hip connection so that the ribs do not flare upwards. This helps to focus the abdominal connection and increase core stability.

Finish position: As start position.

Adaptation: Lift the heel of the hands and rest on the finger tips only, creating a more unstable position.



Repetitions: 10 to 12 cycles of breath.

SUPINE DOUBLE ARM PULLOVER WITH SINGLE HEEL SLIDE

Physiology: Core stabilisers, shoulder stabilisers, Scapular stabilisers, Deltoids, Latissimus dorsi, Pectoralis major, hip stabilisers, hip flexors and hamstrings.

Results: Co-ordination, isolation of movement, body awareness, trunk stabilisation against limb loading, shoulder mobility and stability, rib cage placement and hip mobility with pelvic stability.

Contra-indications: Not suitable for pregnant women over 12 weeks or for those with reduced flexibility and mobility through the shoulder joints. Also avoid prescribing this exercise if the client does not feel confident in taking both arms off the floor and lifting them above the head.

Start position: Start in supine neutral position.



Transitional phase: Exhale taking both arms above the head whilst sliding one leg away from



the body, keeping the abdominals engaged. Maintain rib / hip connection to ensure that the ribs do not flare upwards and that pelvic alignment is lost through tilting and rotating of the pelvis. The body should stay long and lengthened without compromising neutral position. Inhale to prepare, then on exhalation draw the arms and the leg back in to the start position.

Finish position: Supine neutral position as start.

Repetitions: 6 to 8 reps per leg.

SHELL STRETCH

Physiology: Erector spinae, Latissimus dorsi, deep abdominals and Adductors if the knees are apart.

Results: The purpose of this exercise is to relax, lengthen and stretch the back muscles, whilst focusing on mobility and sequential movement ('stacking of the vertebrae') of the spine. When the knees are kept together the stretch focuses more on the back and an Adductor stretch is created if the knees are apart.

Contra-indications: To be avoided by individuals with; wrist complaints, particularly as downwards pressure is applied on to the roll; knee injuries; and high blood pressure.

Start position: Start in a seated position with the bottom resting on the heels, legs abducted within a comfortable range and with both hands resting on the roll.



Transitional phase: Roll the roll away from the body so that the spine is flexed forwards over the legs. Relax the hands onto the roll, breathing deep and wide into the stretch and holding for as long as the participant feels comfortable. Inhale to prepare and on exhalation draw in the abdominals and pelvic floor, dropping the tailbone towards the floor and 'restacking' the spine one vertebrae at a



time, rolling the roll towards you. To experience a greater stretch in the Erectae spinae, pause half way up.

Finish position: Finish by 'restacking' the spine into a neutral seated position, keeping the head tall and spine long.

Repetitions: 3 to 5 reps.

SUPINE SHOULDER BRIDGE ON THE ROLL

Physiology: Shoulder stabilisers, pelvic stabilisers, deep and superficial abdominals, Gluteus maximus, hamstrings and back extensors.

Results: This exercise will help promote balance, sequential flowing movement through the spine, precision of movement and control, and lengthening through the hip flexors and Quadriceps muscles. Co-ordination of breath and movement, and mobility through hip flexion and extension, together with stability of the pelvis, spine and shoulders is also achieved.

Contra-indications: To be avoided by clients with neck and back injuries and those with pelvic stability issues.

Start position: Start in supine neutral position as previously shown.

Transitional phase: Inhale to prepare, on exhalation draw the abdominals in towards the spine and engage the pelvic floor, tilting the spine towards the roll and 'peeling' the spine smoothly



away from the roll one vertebrae at a time, so that the hips are drawn towards the ceiling. Make sure the weight is kept in the shoulders and not the neck. Inhale at the top, exhale and draw the abdominals in and 'peel' the spine down one vertebra at a time back onto the roll.



Finish position: Supine neutral position.

Repetitions: 8 reps.

SUPINE SINGLE LEG SCISSORS

Physiology: Shoulder stabilisers, deep abdominals, Obliques, Multifidus and hip flexors.

Results: This exercise creates stability through the shoulders and lumbar pelvic region during leg movements. Endurance for the abdominals and mobility of the hip during hip flexion and extension is created and the Obliques and Multifidus are strengthened when attempting to stop 'rocking' of the pelvis against the movement.

Contra-indications: not suitable for clients with lower back injuries, reduced flexibility in the hamstrings and pregnant women over 12 weeks.

Start position: start in supine neutral position as previously shown.

Transitional phase: bring the legs up to 90



degrees and extend to the ceiling, keeping the legs as straight as possible whilst maintaining

a neutral pelvis. Keep the shoulders drawn down and stabilised, and the spine long and lengthened. Arms are by the side of the roller for stability.

Inhale to prepare, on exhalation engage the



abdominals and lengthen one leg away towards the floor. Only extend the leg to the point where a neutral

pelvis and good rib / hip connection is maintained, keeping the abdominals flat and connected. Avoid putting pressure on the lower back by not allowing the abdominals to dome. Inhale and hold.



Finish position: exhale and draw the leg back to the start position.

Repetitions: 6 to 8 times on each leg.

SEATED SPINE TWIST

Physiology: Scapular stabilisers, deep abdominals, internal and external Obliques.

Results: performing this exercise will lead to muscular strength and endurance for the trunk rotators, and greater spinal mobility, stability and strength. Stability of the pelvis and shoulder girdle, when the spine is rotating, will also be enhanced.

Contra-indications: individuals with poor mobility through the spine due to spinal injuries, together with those that have difficulty in maintaining neutral spine whilst sitting on the floor and those with shoulder and neck injuries, should all avoid this exercise.



Start position: start in a seated neutral upright position, with the legs stretched out

in front and holding the roll in both hands.

Transitional phase: keeping the shoulders stabilised whilst holding the roll, inhale to prepare for the movement, making sure the spine is lengthened



towards the ceiling, maintaining neutral position. Exhale, rotating the spine round to one side, keeping the

length through the spine and the head in line with the spine. Inhale and hold, exhale and rotate back to the centre. Make sure that you always return back to the centre point in neutral before starting to rotate to the other side.

Finish position: as start position.

Repetitions: 5 to 8 reps.