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Success Story

A six-week case study shows that combining Pilates with traditional therapy improved mobility — and helped patients regain confidence and independence.



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How Pilates in Long-Term Care Helped Patients Move Again — and Stay Engaged

Being problem solvers is part of the job description for physical therapists and physical therapist assistants. In each Success Story, APTA members share their insights into an issue they face at work and the creative solutions they used to address it. This installment features Elyce Martinez, PTA, and the rehabilitation team at Westover Hills Rehabilitation & Healthcare Center in San Antonio, Texas, who integrated Pilates into traditional physical therapy to improve outcomes for patients in a skilled nursing facility.

The Issue

In our setting, which provides both skilled nursing and long-term care, we often work with patients who face multiple barriers to recovery. Many are older adults with complex medical conditions, limited mobility, and, in some cases, cognitive impairments. Traditional physical and occupational therapy remains essential, but we noticed a recurring challenge: patient engagement.

Some residents were hesitant to participate in therapy because it forced them to confront their physical limitations. Others progressed slowly due to medical restrictions such as non-weight-bearing status, hypotension, or generalized weakness. Even when patients were physically able to participate, their motivation and confidence were often low.

We needed an approach that could meet patients where they were — physically and emotionally — while still driving meaningful clinical outcomes. The question we kept coming back to was simple: How do we energize patients to participate in their own recovery so they can improve?

The Solution

Our PT and PTA team began exploring Pilates as a complement to traditional physical therapy. Unlike many conventional exercises, Pilates can be highly adaptable. Movements can be modified for a wide range of physical and cognitive abilities, allowing patients to engage in exercises they might otherwise be unable or unwilling to perform.

At Westover Hills, we were uniquely positioned to test this approach. With a fully equipped on-site Pilates studio and therapists trained through Balanced Body education programs, we had both the tools and the expertise to integrate Pilates into patient care.

We designed a six-week case study involving long-term care residents between the ages of 68 and 89. Participants represented a wide spectrum of cognitive function, from severely impaired to fully intact. We divided them into three groups: one receiving traditional therapy only, one receiving a combination of Pilates and traditional therapy, and a control group that did not participate in therapy during the study period.

For the Pilates group, sessions were conducted up to three times per week, often lasting up to an hour. These were combined with additional physical therapy sessions. The Pilates exercises focused on neuromuscular reeducation, postural alignment, and strengthening of both upper and lower extremities — all critical components for improving balance, transfers, and gait.

We used clinical reformers designed to support safe transfers and accommodate patients with limited mobility. Additional tools such as springboards, resistance bands, and stability props allowed us to tailor each session to the individual. Every movement could be scaled, adjusted, or supported based on the patient's needs that day.

To measure outcomes, we used standardized assessments including the Timed Up and Go, or TUG, Test and the Functional Reach Test. Baseline measurements were taken at the start, midpoint, and conclusion of the six-week period.

The Outcome

What we saw over those six weeks changed how we think about rehabilitation.

While both the Pilates group and the traditional physical therapy group showed improvements in balance as measured by the Functional Reach Test, the difference in mobility outcomes was striking. Patients who participated in both Pilates and traditional therapy

improved their TUG scores by an average of 10.64 seconds. In contrast, the traditional therapy group improved by just 0.68 seconds.

From a clinical perspective, this represents a meaningful reduction in falls risk and a significant gain in functional mobility.

Equally important, patients in both active therapy groups progressed from being classified as high falls risk at baseline to low falls risk by the end of the study. Meanwhile, those in the control group showed no measurable improvement.

assistance became more manageable, and in some cases, independent.

One patient who had not walked for three years stood and walked after six weeks of combined therapy. Moments like that stay with us as PTs and PTAs.

We also saw something less measurable but just as important: increased engagement. Patients were more willing to participate in sessions that incorporated Pilates. The exercises felt different — less clinical, more approachable. There was a sense of



But the numbers only tell part of the story. We observed clear improvements in posture, gait mechanics, and core strength. Patients moved with more control and stability. Tasks that once required

curiosity and even enjoyment that we don't always see in traditional physical therapy settings.

PTs and PTAs reported improvements in confidence, self-esteem, and overall

In Their Own Words



“Westover Hills is pioneering what the future of rehabilitation can look like. Their clinical commitment, paired with evidence-based Pilates programming, is producing life-changing results for patients who often have limited mobility or chronic conditions.”

— **Ken Endelman**, founder and CEO of Balanced Body



“We wanted a solution that would not only improve mobility and reduce falls risk but also restore confidence and independence in our patients. Pilates has exceeded every expectation. We’ve seen residents improve posture, walk with greater stability, and, in one remarkable case, a patient who had not walked for three years stand and walk after just six weeks. This is just the beginning. Pilates not only improves physical outcomes, but it also restores hope, confidence, and independence. That’s what rehabilitation should be.”

— **Brady Donner**, director of outpatient services at Westover Hills Rehab

quality of life. Patients weren’t just moving better. They were starting to believe in their ability to move again.

Reflection

This experience reinforced something I think many clinicians intuitively understand but can’t always test: How we deliver care matters just as much as the care we deliver.

Pilates gave us a way to bridge that gap. It allowed us to maintain clinical rigor while creating a more engaging and empowering experience for patients. It met people at their current ability level while still challenging them to improve.

What stands out most to me is the shift in mindset among our patients. When therapy feels accessible and adaptable, it reduces fear. When patients feel

successful, even in small ways, they’re more likely to keep going. That shift can change everything.

As a team, we’ve also grown. Integrating Pilates required us to think differently about movement, progression, and patient engagement. It pushed us to expand our skill sets and collaborate in new ways. The result has been not only better outcomes for our patients but a more dynamic and fulfilling clinical environment for our staff.

We’re continuing to build on this work, expanding our Pilates programming and increasing access for more patients, including long-term care residents and outpatient clients. Our goal is to make this approach a standard part of rehabilitation, not an exception.

Rehabilitation should do more than restore function. It should restore confidence, independence, and a sense of possibility. For many of our patients, Pilates helped us do exactly that.



ELYCE MARTINEZ, PTA, specializes in geriatrics and is passionate about using reformer Pilates-based rehabilitation to help older adults enhance their strength, mobility, balance, and quality of life.