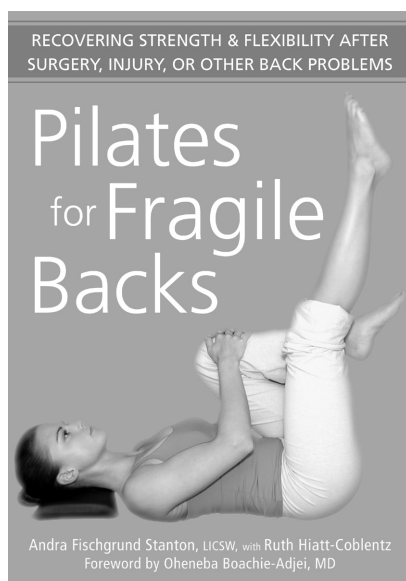


Faced with uncertain surgical procedures, unresponsive doctors, and depression, sufferers of chronic back pain and spinal injury may finally find respite in the modified Pilates techniques found in this book.



With over 26 million doctor visits for back pain a year, back pain is the second most common medical complaint in the US. In addition, nearly 500,000 spinal operations are performed a year—nearly double the number performed ten years ago. Even with the help of medical experts and procedures, up to 40 percent of these patients will continue to experience chronic back pain, with as many as 10 percent reporting they are actually worse off than they were before they had the surgery.

In their new book, ***Pilates for Fragile Backs***, Andra Fischgrund Stanton, LICSW, and certified Pilates instructor Ruth Hiatt-Coblentz, share their personal struggles with back pain and then demonstrate how they improved their quality of life through the implementation of a modified Pilates routine. The authors analyze the most common recommendations for back pain from the mainstream medical community, objectively weighing the pros and cons of each option, before explaining various exercises designed with back pain sufferers in mind.

The exercises in this book modify Pilates exercises to accommodate partially immobilized spines, making this routine safe and effective for readers with fragile backs. These exercises are designed not to compromise a spinal fusion. Instead they will do what Pilates exercises do best—stretch, strengthen and tone the trunk with precise positioning and movement, rather than repetition.

With photos of the exercises and clear, labeled illustrations of the spine, readers will easily get into a routine that alleviates their pain while better understanding the causes of their specific back problem.

Through incorporating the techniques and suggestions found in ***Pilates for Fragile Backs***, you will:

- Learn about common doctor-patient issues in treating back pain
- Gain an understanding of the underlying medical reasons for your pain
- Become more capable of easing your pain independently
- Develop better methods to minimize depression by regaining overall control of your life
- Be able to return to a number of previously enjoyed activities

NEXT: About The Authors

**FOR AN INTERVIEW REQUEST OR MORE INFORMATION CONTACT:
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**Pilates For Fragile Backs: Recovering Strength and Flexibility after Surgery, Injury, or Other Back Problems
by Andra Fishgrund Stanton, LICSW, & Ruth Hiatt-Coblentz, ISBN: 1-57224-466-6; ISBN-13: 978-1-57224-466-5
\$18.95, 7 x 10, 200 pages, Published in October 2006 by New Harbinger Publications
Tel. 800-748-6273, www.newharbinger.com**

About the Authors

Andra Fischgrund Stanton, LICSW, as independent, licensed psychiatric social worker, has been practicing individual and marital psychotherapy for twenty-five years, most recently at the University of Massachusetts-Memorial Hospital.

Certified through Power Pilates Method in New York City, **Ruth Hiatt-Coblentz** has earned advanced certification in Pilates mat, Reformer, Cadillac, and Wunda Chair instruction.

Suggested Interview Questions

- "Pilates" has been used a lot in much of the fitness and rehabilitation literature of the past several years. What exactly is Pilates?
- As a rehabilitation program, what are the advantages of Pilates over other forms of low-impact exercise?
- What are the precise effects Pilates has on the recovering body? What about your system of Pilates makes it especially appropriate for sufferers of back pain or spinal injury?
- You mention that other exercises focus on "superficial muscles" and "problem areas". In what ways does Pilates break from this traditional approach to a healthy body?
- In the United States, how effective are the typical surgeries in minimizing subsequent pain or restoring the patient to his or her former self?
- With back pain being the second most common medical complaint in the country, are there any community resources or support groups patients can seek out?
- If one has been experiencing severe back pain for a prolonged period of time, how should he or she go about selecting the correct doctor for surgery?
- Besides Pilates, are there any other treatments that can also be effective in a rehabilitation program? If so, what are they?
- Suffering chronic pain, it's understandable that many people with back pain and spinal injuries may become depressed. What avenues exist for those coping with both pain and depression?

NEXT: Andra's Story

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Andra's Story

My mother first noticed my spine wasn't straight when she saw me in a bathing suit at the beach. I was eleven years old. She took me to three local orthopedic specialists on Long Island, New York, who took X-rays and confirmed that I had an L-curve. Each physician told my mother there was nothing that could be done, and so my disease progressed until my spine had twisted in a spiral and my left-side ribs had migrated to my back. One leg was shorter, one hip bone was higher, and I had developed a hump.

When I was eighteen, while my sister was waiting to be interviewed for nursing school, she picked up a newsletter in the waiting room of Columbia-Presbyterian Hospital in Manhattan. When her name was called, she stuffed the newsletter in her purse. At home, my mom found it and read an article about how orthopedic surgeons were performing spinal fusions for those with progressive scoliosis.

As you would guess, a short time afterward, in the late 1970s, I had my first spinal fusion. My fifty-six-degree curve was corrected to twenty-five degrees, and I had a Harrington rod installed for stabilization while my bones fused. I was sent home in a twenty-five-pound plaster body cast that started at the groin and ended at my chin. In back, it continued upward to form a headrest. I wore it for nine months—with no showering. I was eighteen and forever traumatized. To have had my body exposed to so many medical and hospital personnel and to be seen in such an ugly contraption, especially as an adolescent, was mortifying. I hibernated most of those nine months, while all my friends went off and experienced their first year of college. ...

About twenty-five years after my surgery, I started to develop back pain. A rheumatologist prescribed a muscle relaxer (Flexeril, or cyclobenzaprine) and daily walking on a treadmill or outside. At first, I was so stiff that I could barely stretch my legs enough to walk without pain. With time, the medication relaxed my muscles and they stopped irritating the nerves that were signaling pain to my brain. I was finally able to walk—and eventually even jog. When I developed *bursitis* (inflammation of the sac between the tendon and the bone) in my hips, three years later, I could no longer walk for exercise. Cortisone injections helped in the short run, and lots of Ultram (tramadol, a non-narcotic pain killer) combined with Tylenol (acetaminophen) kept me going for a while. Ultimately, though, I developed unbearable sciatica in one leg and referred pain in my other ankle that felt like a fracture that would not heal. I sought out surgeons because I knew I would need more surgery—it had just been a matter of time. ...

I now understand, too, that exercise and movement are essential in my bag of tricks for managing [chronic] back pain. Prolonged inactivity actually increases my pain, because my back becomes stiff, weak, and out of condition. By pursuing modified Pilates, I have made my spine more flexible and strong. I now have days when I'm pain free, though I'm not every day. Still, it's a significant improvement. I feel more in control, too, and psychologically empowered. If I'm hurting, I know what to do to find some relief. I'm so happy I found my Pilates instructor, Ruth. I trusted her with my broken body because hers had been broken as well.

Ruth's story involves disk degeneration coupled with spinal injuries. After accidents and years of strenuous exercise routines resulted in the collapse of several vertebrae, Ruth underwent surgery with a physician whose skills were out of date. As a result of all of these circumstances, she has spent most of her adult life in debilitating pain.

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Raves for Pilates for Fragile Backs

... Adhering to a program of Pilates, as described in *Pilates for Fragile Backs*, under the guidance of a certified instructor can be a most useful means to improve back function and relieve pain. Clearly, this is a valuable therapeutic modality that is underutilized in today's current pain management programs associated with spinal disorders.

—**Charles Birbara, MD**, chief of rheumatology at Worcester City Hospital in Worcester, MA

In my practice, I constantly emphasize the importance of proper spinal alignment, good posture and a strong mid-section. *Pilates for Fragile Backs* highlights these points in an easy-to-follow exercise program for patients suffering with chronic back pain. I have recommended this program to many of my patients, and they are thrilled with the results.

—**Anthony S. Rainka, DC**,
South County Chiropractic, Sutton, MA

As a physical therapist, I have been able to utilize the exercises in *Pilates for Fragile Backs* with my clients. They have shown a reduction in pain, an improvement in posture and balance, increased strength, and healthier muscle tone. Best of all, the program does wonders for their self-esteem.

—**Pam Craig-Stewart, PT**, director of rehabilitation at Christopher House in Worcester, MA

This book is a much needed labor of love that offers clear and helpful advice for anyone who has ever lived with chronic back pain. The spine problems addressed in this book are very challenging ones for doctors and therapists alike, and the authors use their first hand experience with spinal trauma to break new ground for exercise therapy. A specifically modified Pilates program indeed offers the possibility of comfort and relief for a largely under-served group in our society.

—**Ellen Kiley, RYT**, therapeutic yoga practitioner specializing in scoliosis and spinal fusion

I underwent an anterior/posterior fusion (L4-S1) over a year ago due to degenerative disk disease with annular tears. Since then, Pilates has done wonders for me. I started pursuing basic lumbar stabilization mat work a couple of months following surgery. I had urged my neurosurgeon to allow me to begin sooner than usual because I'd had a big increase in pain. My physical therapist felt it had to do with the stiffness that begins to set in as the weeks go by without stretching and exercising. I had every confidence that Pilates would improve my situation and I swear by it!

—**Diana Stahl**, Cincinnati, OH

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