



# The Art of a Killer Teaching Style can Skyrocket Your Career!

Tanya Thompson

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## A '*Killer*' Teaching Style can Skyrocket Your Career

*There is a huge difference between learning the theory to become a Movement or Rehab Professional and learning how to TEACH the theory that you have just learned. In Fact, this should be one of the main focuses of your studies.*

*So, what is actually happening in the Teaching Realm and Why?*

Let us analyse it from a Biomechanical perspective.

### Step 1: Do You Know Your Anatomy?

In order for us to implement any kind of critical thinking during teaching, we need a strong anatomical foundation. This will help us tremendously when we are looking at creating classes that are client specific. It also enables us to think of any changes or modifications that need to be done on the spot. I call this 'THINKING ON YOUR FEET'. In fact, this is something that I assess in student exams. When the client gives feedback of any nature, are you able to process it and make the necessary changes. It could be to make something easier or more challenging. It could be to change the entire exercise. Without an anatomical base to grab information from, you are going to struggle to find the answer and we want you to find the answer quickly.

### Step 2: How Did You Learn the Exercises at the Organization that You Trained at?

Seeing an exercise for the first time and memorizing it is already challenging. But how can we break these exercises up in bite-size chunks so that they actually make sense? Would it not make life much easier if we learn the Do's, Don'ts, How To, Compensations, Modifications, Assists etc? In this way, we can put an exercise **in its own box of possibilities**. On the next page is an example of how we break up each exercise that we teach for our students. From here the Possibilities are Endless!

## Pilates Unlimited – The Art of Movement

Hundreds				
Exercise	Objectives	Sequence	Do not	Observe and encourage
Hundreds	To work the abdominals isometrically (hip flexor and abdominal coordination) and controlled lateral breathing.	Lying supine on the mat. Prepare the same as the Single Leg Stretch exercise. From there you are going to come up into a chest lift, extend the legs to 45° and place the arms at your sides with the palms facing down. You are going to maintain the height in the chest and gently pulse the arms down while you exhale for 4 – 5 counts and inhale for 4 – 5 counts. The movements of the arms must be smooth and controlled while the body height is maintained through the isometric abdominal work. Try to maintain the core on the inhales and exhales through the use of lateral breathing. Once you have done a set of 10 or 12, bend the knees in and lower the chest down. Please ensure that the abdominals are maintaining the pelvic position and that there is no unnecessary strain on the lumbar spine. If there is any strain on the lumbar spine then please opt for a modification or assist.	<ul style="list-style-type: none"> <li>Lower the legs as this will cause the lumbar spine to arch. However, if your client is strong enough to do lower hundreds, then they may lower their legs on the exhale and raise them as they inhale</li> <li>Lower the chest as this will also cause the lumbar spine to arch and it will reduce the concentric isometric work on the abdominals</li> <li>Pulse the arms rigorously as we are trying to create a calming movement without unnecessary tension</li> <li>Breathe into the stomach as you are trying to maintain abdominal activation</li> <li>Elevate the shoulders</li> </ul>	<ul style="list-style-type: none"> <li>Good alignment in the chest, neck and spine</li> <li>isometric abdominal work through maintaining the height of the chest</li> <li>Shoulders down and open. Pull them towards the hips to avoid strain on the neck</li> <li>Lateral breathing</li> <li>Energy in the legs</li> <li>Keep shoulders open</li> <li>Controlled movements with the arms</li> </ul>
<p><b>Breathing:</b> E: lift one leg to 90° E: lift the other leg to 90° I: prepare hands on the knees E: lift up in the chest lift and extend the legs to 45° I: 5 inhales pulsing the arms down E: 5 exhales pulsing the arms down. Repeat these 10 times. If you choose 4 inhales and exhales, it must be done 12 times.</p>				

If we were able to learn any foundation exercises in this manner, then we are able to modify and expand exercises with purpose. Many will frown on the DO NOT column, but this column is for your eyes. This is not visible to your client. The DO NOT column acts as a guideline as to which compensations you might see when they are moving and therefore, forms a vital part of learning and critical thinking.

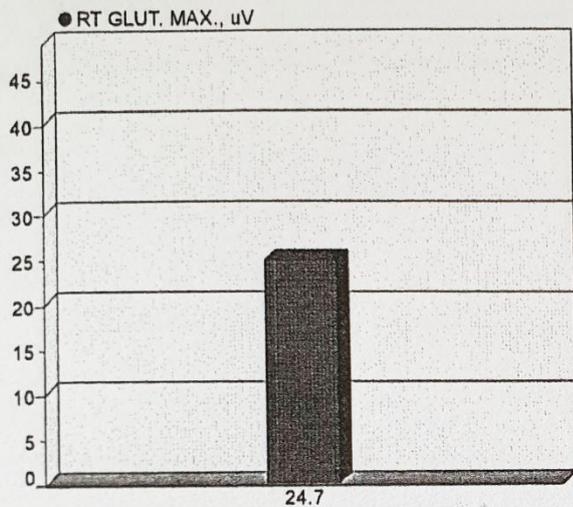
### Step 3: Can Your Teaching Style Change Results?

This is the most interesting part of this entire journey because we have physically seen how a change in teaching style can change results. We took on a project where we conducted a study to see if a client responds better muscularly to a varied teaching style and it was a success. Your words, the cues that you use and the education that you give them creates an all-encompassing approach to helping your clients achieve their goals. Imagine if you tweaked a few things here and there and all of a sudden, your clients or patients are blown away by your skill. **Would you tweak them?** Well, look at the EMG results on the next page and see increase in muscular activation without increasing load! Note how the Compensatory Muscle (Biceps Femoris) decreases its activity and the Gluteus Maximus increases its activity all through enhanced instruction.

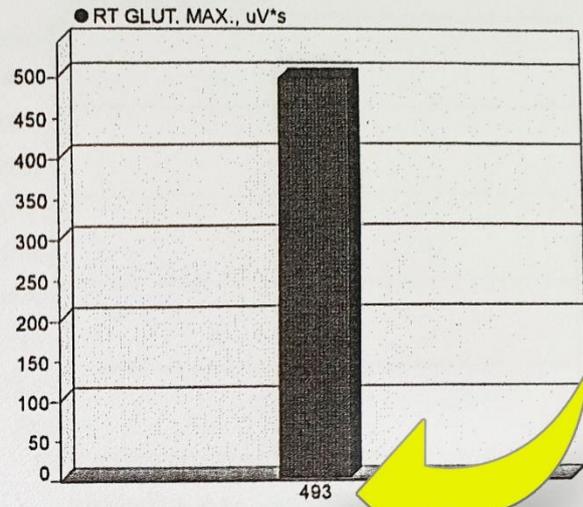
# Candidate .1.

## Trained with Boring Instruction

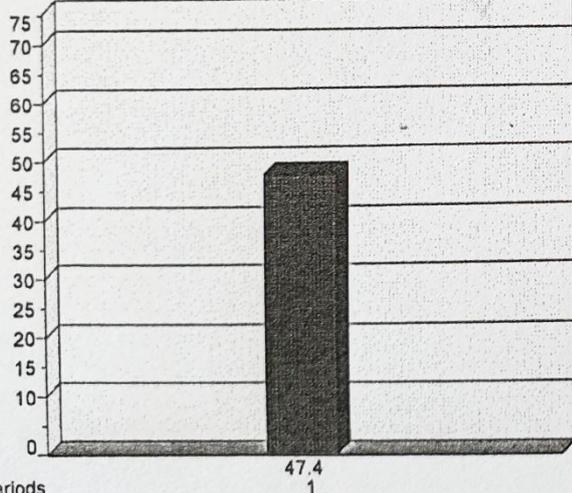
Mean of Each Period



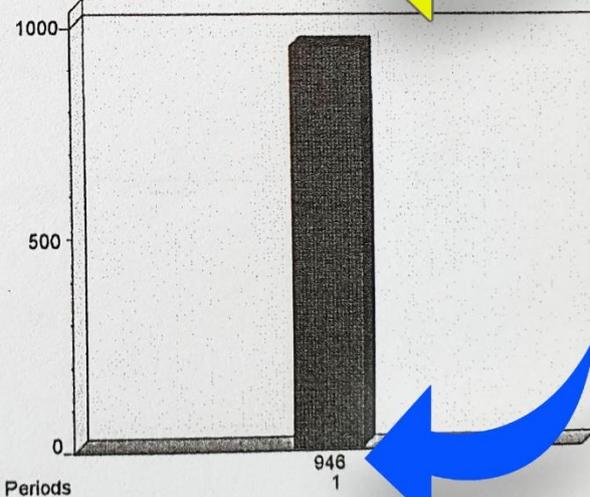
Area of Each Period



● RT BICEPS FEM., uV



● RT BICEPS FEM., uV\*s



Averaged Mean Amplitude of All Periods

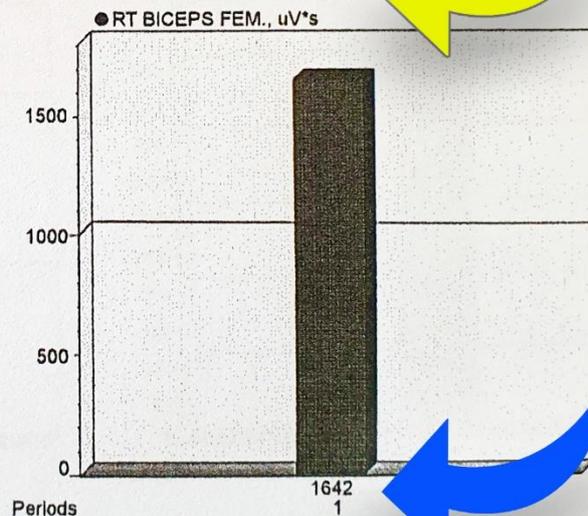
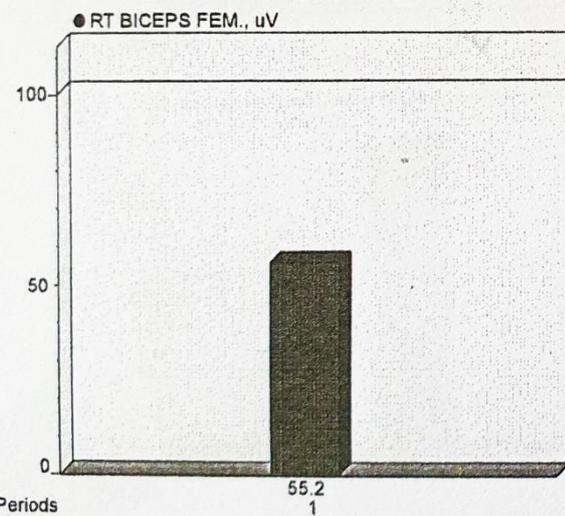
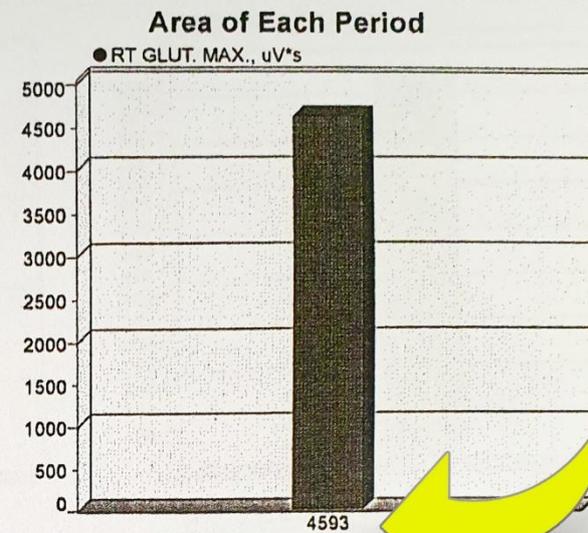
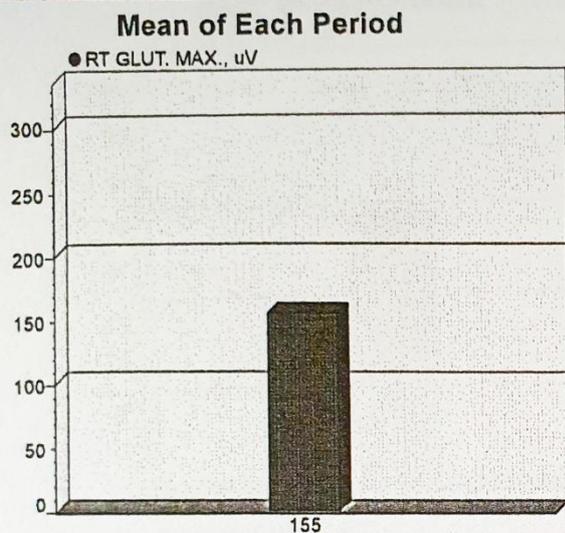
Channel	Mean, uV
RT GLUT. MAX., uV	24.7±0
RT BICEPS FEM.	47.4±0

Averaged Area of All Periods

Channel	Mean, uV*s
RT GLUT. MAX., uV*s	493±0
RT BICEPS FEM.	946±0

# Candidate .1.

## Improvement after using our effective Teaching Techniques



**Averaged Mean Amplitude of All Periods**

Channel	Mean, uV
RT GLUT. MAX., uV	155±0
RT BICEPS FEM.	55.2±0

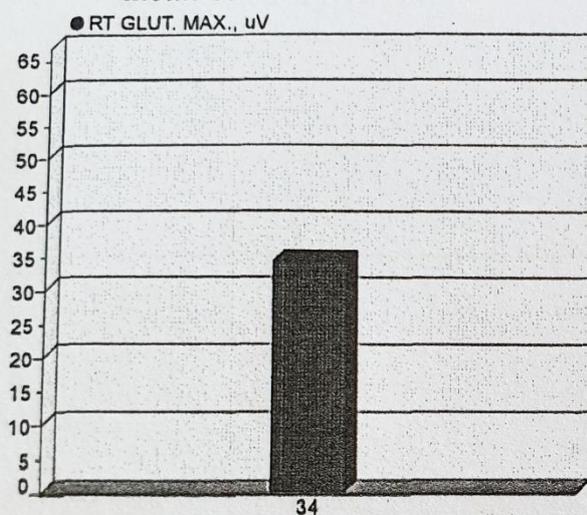
**Averaged Area of All Periods**

Channel	Mean, uV*s
RT GLUT. MAX., uV*s	4593±0
RT BICEPS FEM.	1642±0

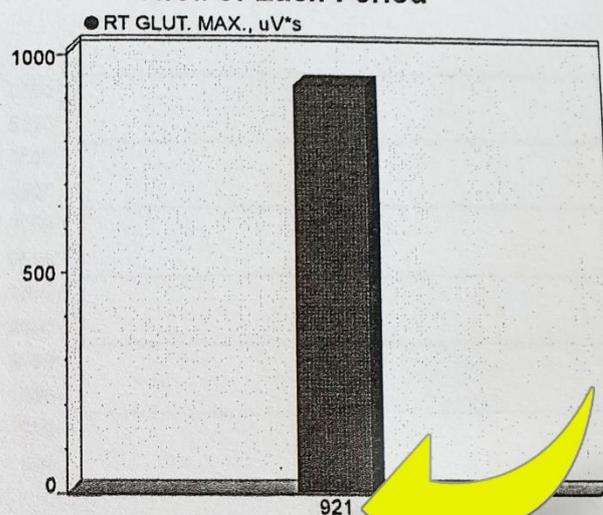
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## Trained with Boring Instruction

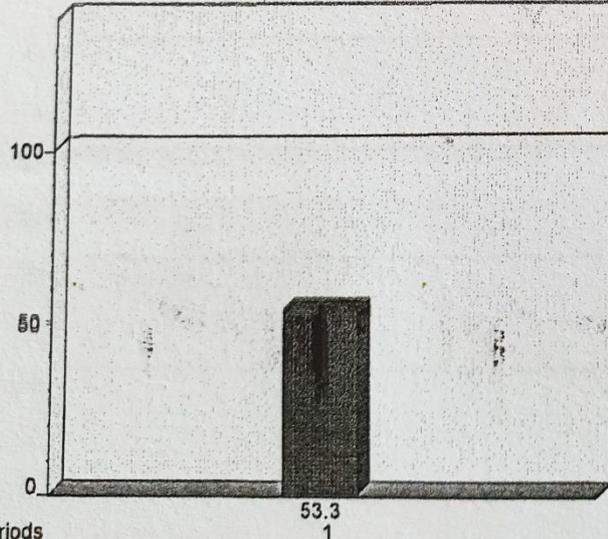
Mean of Each Period



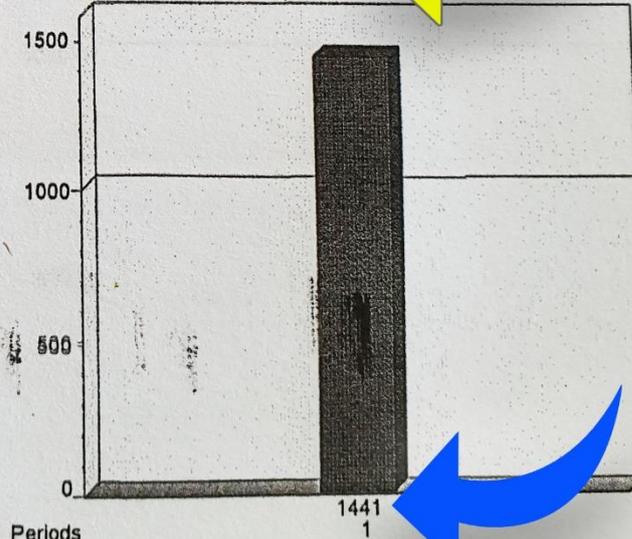
Area of Each Period



● RT BICEPS FEM., uV



● RT BICEPS FEM., uV\*s



Averaged Mean Amplitude of All Periods

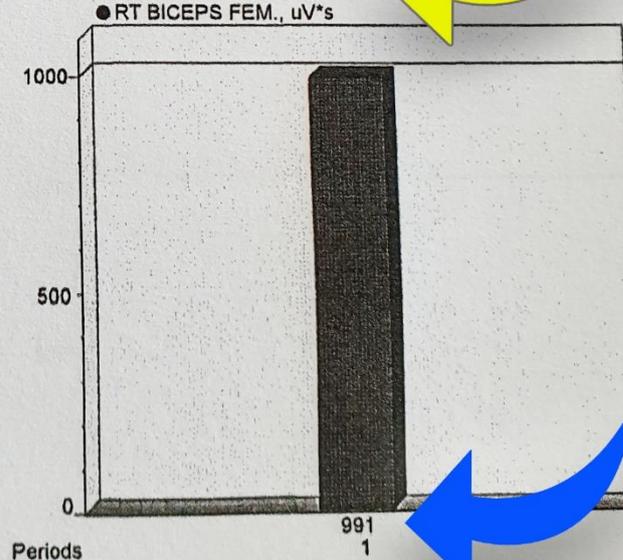
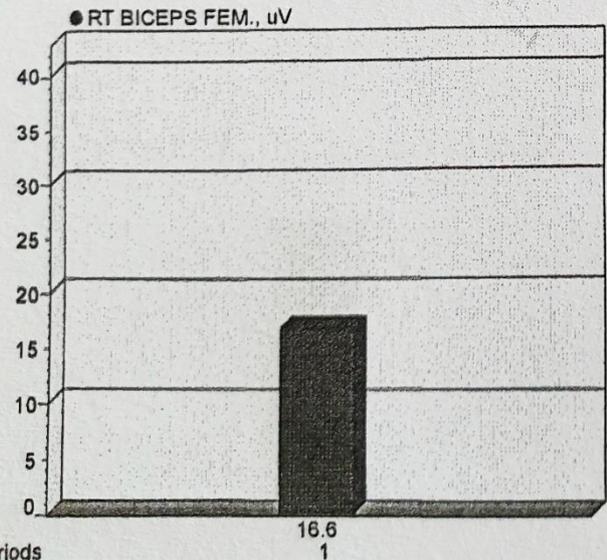
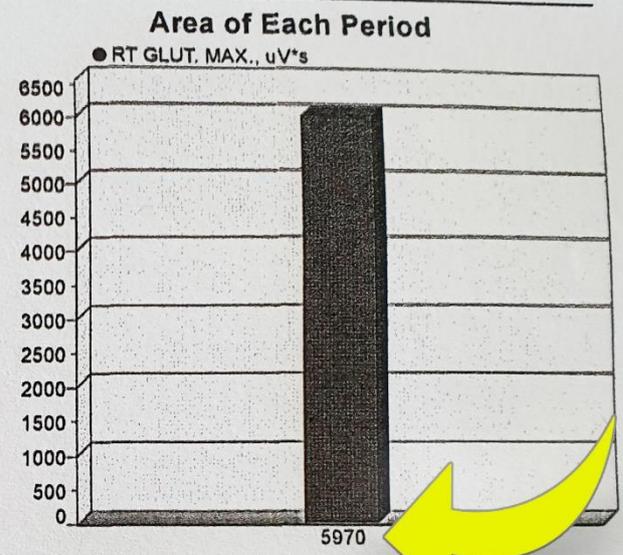
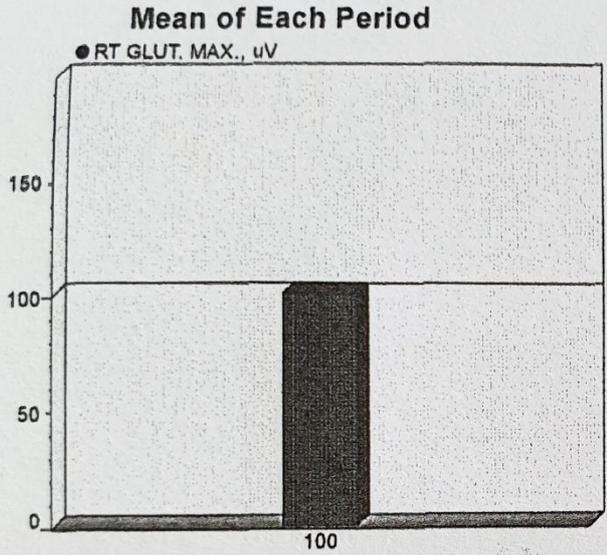
Channel	Mean, uV
RT GLUT. MAX., uV	34±0
RT BICEPS FEM.	53.3±0

Averaged Area of All Periods

Channel	Mean, uV*s
RT GLUT. MAX., uV*s	921±0
RT BICEPS FEM.	1441±0

# Candidate .2.

## Improvement after using our effective Teaching Techniques



**Averaged Mean Amplitude of All Periods**

Channel	Mean, uV
RT GLUT. MAX., uV	100±0
RT BICEPS FEM.	16.6±0

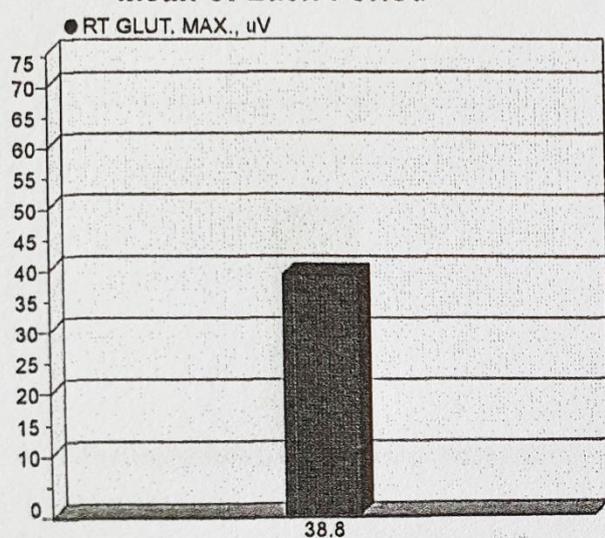
**Averaged Area of All Periods**

Channel	Mean, uV*s
RT GLUT. MAX., uV*s	5970±0
RT BICEPS FEM.	991±0

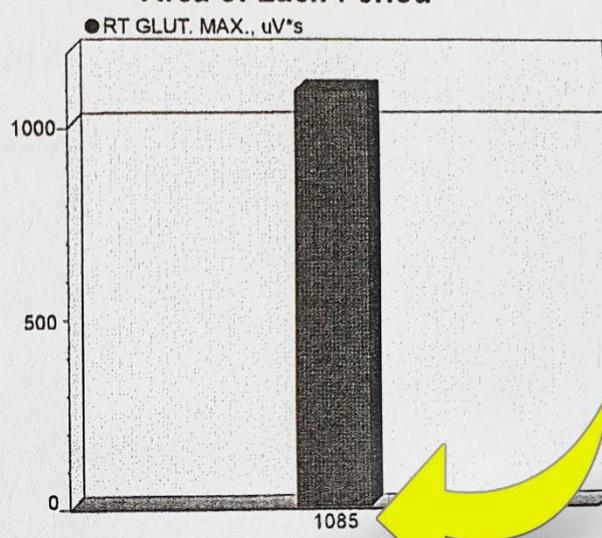
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## Trained with Boring Instruction

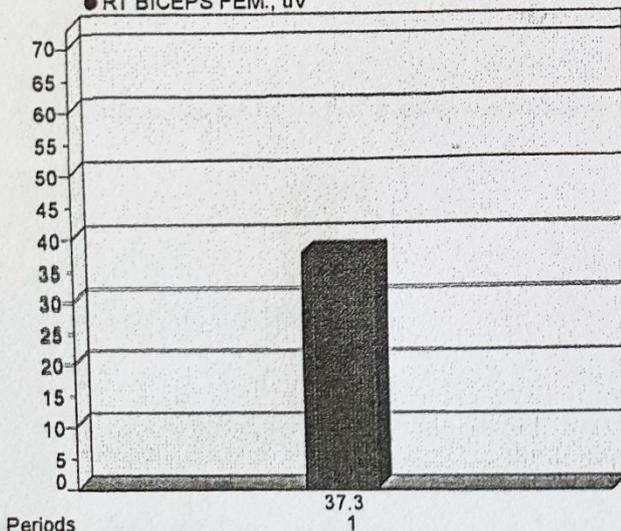
Mean of Each Period



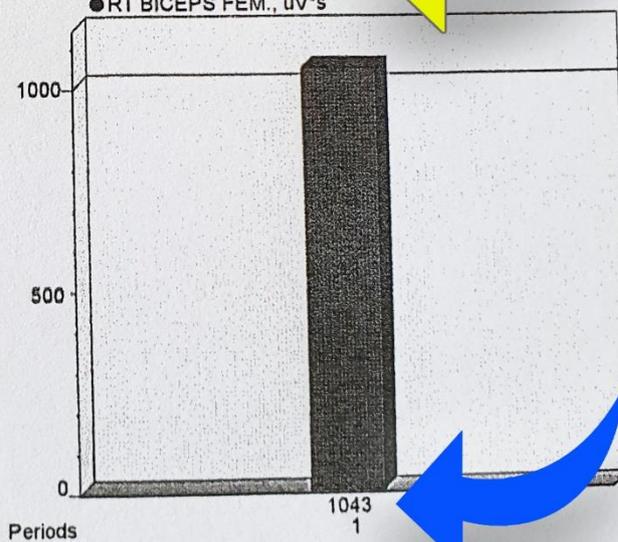
Area of Each Period



● RT BICEPS FEM., uV



● RT BICEPS FEM., uV\*s



Averaged Mean Amplitude of All Periods

Channel	Mean, uV
RT GLUT. MAX., uV	38.8±0
RT BICEPS FEM.	37.3±0

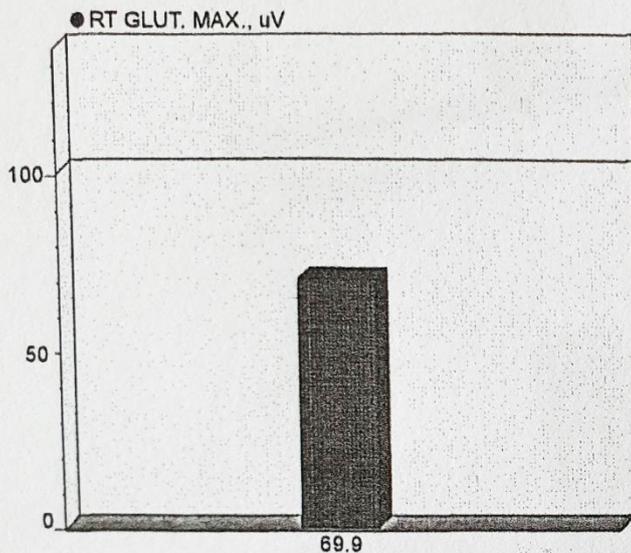
Averaged Area of All Periods

Channel	Mean, uV*s
RT GLUT. MAX., uV*s	1085±0
RT BICEPS FEM.	1043±0

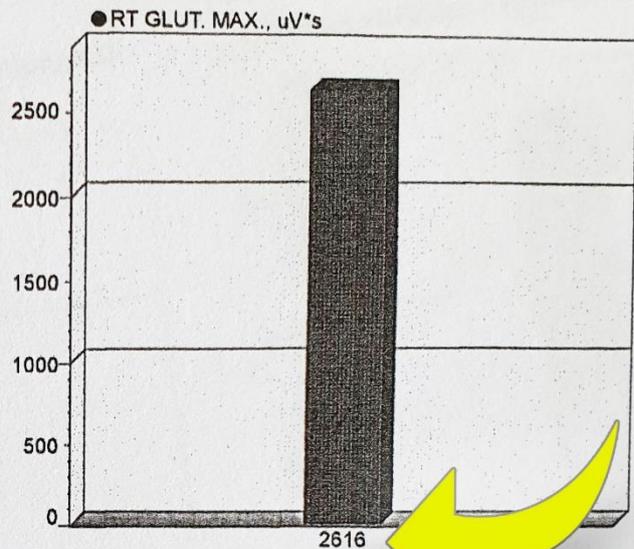
# Candidate .3.

## Improvement after using our effective Teaching Techniques

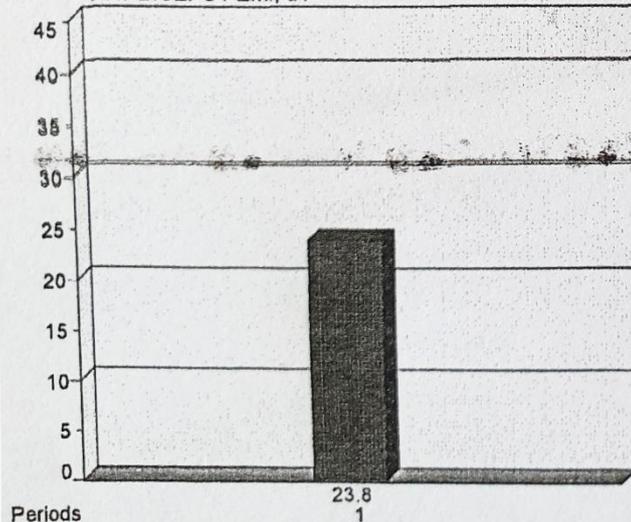
Mean of Each Period



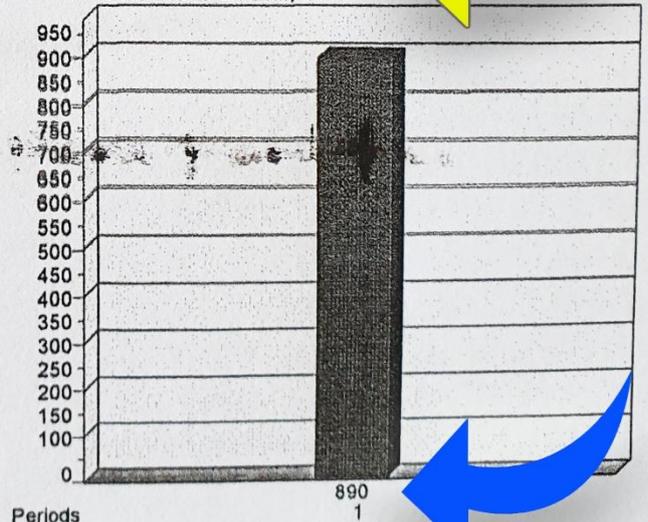
Area of Each Period



● RT BICEPS FEM., uV



● RT BICEPS FEM., uV\*s



Averaged Mean Amplitude of All Periods

Channel	Mean, uV
RT GLUT. MAX., uV	69.9±0
RT BICEPS FEM.	23.8±0

Averaged Area of All Periods

Channel	Mean, uV*s
RT GLUT. MAX., uV*s	2616±0
RT BICEPS FEM.	890±0

## Step 4: Stepping it Up?

***There is a certain element of accountability when delving into enhancing our technique.*** We first need to admit that there is room for improvement and step away from any stubborn thoughts. I remember years ago when I was training an instructor to do just this and she said to me, 'Tanya, I have had my clients for over 10 years, what do you think they will say if I walk in and teach the way you are teaching me?' My answer was, 'If they have been with you for 10 years then they won't leave you for one new experience. You can even communicate to them that you are going to try something new today and if they don't like it, they must please tell you!' She did just that and guess what? She called me and told me that her clients absolutely LOVED her class today and asked her for more of exactly what she did! And all she did was amend her teaching style.

Does your Teaching Style & Cues Really Matter? Mentioning Anatomy in your Cues, does it really make a difference? Or can you allow a client to 'JUST MOVE'?

🗨️ Here's a thought; If we can let them 'Just Move' as they feel they need to, then they possibly do not need us anymore.

👉 The EMG tests show clearly how the readings IMPROVE, and this all through a CHANGE in teaching style and educating the client as they move! I can't argue with what I am seeing here...

BUT WHAT IF in order to achieve great results, we brought in Science, Skill, Confidence, Assertiveness, Voice and so much more! Therefore, Science on its own does not help us achieve movement based or rehab results. We need an All-Encompassing Skill of being a Dynamic Teacher!

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## HAPPY LEARNING