

# Pilates &



# Pregnancy

# Intro to Pre & Post-natal Guidelines

This booklet has been prepared for students and or clients wanting to understand how to approach exercise during and post pregnancy. It's full of information to remind you of content learnt during a workshop or course but is certainly not complete and we will be updating this booklet from time to time with more useful or up to date information.

It is well documented that exercise is good during pregnancy and in this booklet we will look at the different stages of pregnancy and the physiological changes that happen during pregnancy. We will also look at potential risks, warning signs and contraindication.

## Stages:

A typical term is approximately 38-40 weeks.

- First Trimester: 0-12 weeks
- Second Trimester: 13-26 weeks
- Third Trimester: 27-40 weeks
- Post Partum or Puerperium: happens immediately after birth to approximately 6 weeks. This varies from one woman to the next and is influenced by whether she breast feeds or not. During this time the woman body, including hormone levels and uterus size returns to pre-pregnancy conditions.



## Physiological Changes:

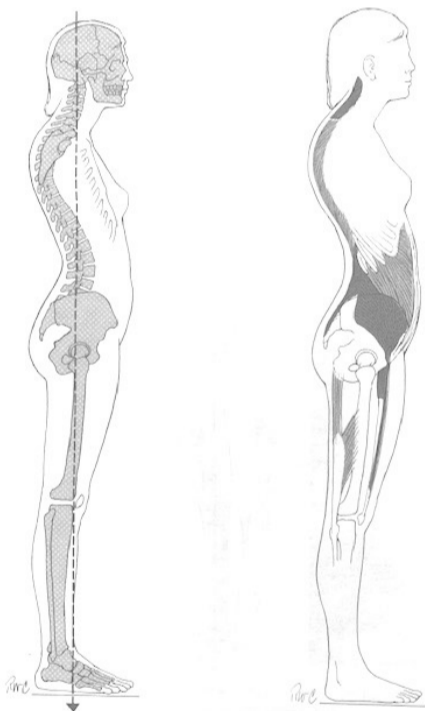
- **Lungs and Respiration:** The respiratory rate naturally increases in pregnancy. The Diaphragm is elevated due to the changes in the rib cage placement, which may increase oxygen consumption by 15-20%. This increase makes the body work harder to deliver appropriate levels of oxygen to the developing fetus, which in turn alters the availability of oxygen to the woman for exercise, resulting in a decrease in endurance and a sense of breathlessness.
  - Because the diaphragm has less room as the fetus grows - as a STOTT PILATES instructor we can help by practicing the STOTT PILATES breath pattern using imagery in a 3 dimensional way such a balloon inside the ribcage, the ribs being like gills of a fish or jelly fish etc. or by using tactile feedback like a flex band wrapped around the ribs or using mini stability balls to encourage the breath in a particular direction.
- **Joints:** Hormonal changes contribute to joint laxity which can result in injury or weakness of soft tissue. The ligaments of the lower back and sacral area are most effected. The primary hormone of pregnancy is Relaxin.
  - As they have less stability of all joints, you have to work on stability not challenging their balance. You have to work them out safely and within normal ROM as they will have fake flexibility.
- **Body Temperature:** Avoid exercising in hot weather and pay careful attention to adequate fluid intake while exercising.
  - Ask the client how they are feeling, remind them to have a drink of water.
- **Incontinence:** 64% of woman develop incontinence symptoms. This is a significant percentage. A woman may reduce her risk of incontinence by strengthening the pelvic floor. It's the weight of the baby on the bladder that compromises the pelvic floor.
  - Kegal exercises are very effective to help remedy or retard the issue.
  - STOTT PILATES-based exercises emphasise the importance of the pelvic floor as well as encourage engagement of the pelvic floor. However in pregnancy we want to modulate the pelvic floor contractions. What I mean with this is that not only does the pregnant client need to work through concentric contractions but also mindful eccentric contractions (eccentric work is actually very important in giving birth). Imagery I like to use is the elevator or jelly fish and I incorporate this with the breathing exercises. Sitting on a stability ball is great or stability cushion as it has a trampoline like quality to it and this is great for the PF.

## Additional Conditions:

- **Diastasis Recti (DR):** The sheath of connective tissue joining the two sides of the rectus abdominus, called the 'linea alba', can separate due to the increased stretch of the abdominal wall and the hormonal changes during pregnancy this effectively weakens the rectus abdominus & they lose the stability that the TA provides to the lumbo-pelvic area.
  - Typically the separation will occur in the later stage of pregnancy but can actually occur from the 12th week onwards and should be checked from the 2nd Trimester before each session. This can be checked by placing two fingers above the navel and having the client raise their head and engage their abdominals. A two finger gap is fine, but if there is a 3 finger gap, send them to the doctor. Then check below navel.
  - Contraindicated movements would be flexion, extension, rotation (Oblique Load). Open kinetic chain with both legs elevated and unsupported. Overhead movements with high load resistance.
  - It is best to work in a neutral position, focusing on TA engagement.
  - Focus on getting healthy fascia - TA engagement with internal oblique in supine neutral or side-lying is excellent for fascial stimulation. Use lots of imagery, no harsh cues that will fire up global system!
  - Diane Lee has a book you can read on Diastasis recti called 'split down the middle'
  - It can heal, but they can still function even if it didn't heal - recent studies show you can flex, extend etc. but I still prefer to stay on the side of caution and assess each individual.
- **Supine Hypotensive Syndrome:** A condition where, when in the supine position, the uterus may compress the vena cava affecting oxygen flow to both the baby and mother.
  - This condition can occur as early as the 12th week but is more likely to occur from the 20th week onwards throughout the second and third trimesters.
  - While it's perfectly safe to do exercises lying on both sides, when there is any sign of lightheadedness have the client *rest on the left side* to minimise pressure on the vena cava.
  - Tip: Try keep the shoulders higher than hips when supine. Use seated, kneeling, quadruped or side-lying positions

- **Symphysis Pubis Diastasis or Dysfunction:** The pubis can separate or slide affecting the integrity of the pelvic girdle and the sacro-iliac joints. This is due to the hormonal changes and joint laxity.
  - Avoid large ROM stretches and actions of the abductors and adductors.
  - Keep levers short and do small ROM
  - In some cases sitting compromises the pubis. It may be best to sit elevated or on a stability ball so there is no excessive pressure on the pubis or do four point kneeling to relieve pressure.
  - suggest a pelvic belt
  - avoid unilateral, balance or abd/adductor work.

### Balance & Postural Changes:



- Due to the normal weight gain and increased size of the womb a woman's center of gravity shifts. There is also an increase in breast size. All of these changes affect posture, especially the natural curves of the spine. Women will experience an increased lumbar lordosis, increased Thoracic kyphosis and rounded shoulders due to enlarged breast. These changes will most typically result in increased tension in the muscles and joints. The joints are effected significantly due to the hormonal changes.

- As seen by the image on the left depicting a typical Kyphotic Lordotic posture, you will have to work on strengthening the scapular stabilisers, thoracic erector spinae, glutes and hamstrings.

- **Balance:** Lumbo-Pelvic Region is effected due to the normal weight gain and the growing fetus. The larger the womb the more balance is challenged.
  - Don't challenge their balance!

## Benefits of Exercise may help:

- Less maternal weight gain - pregnancy is not a time to exercise to lose weight, however, exercise can help limit excessive weight gain during pregnancy
- Increased fitness may help the mother cope with labor better and get back into shape more quickly postpartum
- Valuable for the prevention of gestational diabetes - the more lean muscle mass you have before the pregnancy the less chance you will have of getting it.
- Assists in regulating fatigue levels
- Helps to maintain or slightly increase muscle tone, strength and endurance
- Improves posture
- May improve sleep
- Assists in prevention of low back pain and urinary incontinence
- Decreases risk of blood clots, varicose veins, leg cramping and swelling
- May help improve mood, body image and reduce postpartum depression

## Exercise Guidelines:

- **Pregnancy is not the time to begin a new exercise program** - no exercise then until 2nd trimester other than just very mild, basic exercises i.e. walking.
- Provided the pregnancy progresses normally, the mother can exercise until discomfort forces her to reduce activity, which is usually around the 6th month
- Exercise can be mild to moderate up to 30 minutes every day, build gradually - but some easily do 50 minutes.
- Ensure adequate rest between each workout.
- Maternal heart rate should not exceed 140 beats per minute - should stay below as it can create fetal distress. Regular pilates the heart rate sits around 120 beats which is why its recommended.
- Avoid exercise in supine position after the first trimester - incase of Supine Hypotensive Syndrome.
- Avoid exercise in hot weather or conditions
- Ensure adequate foods and fluids
- Perform a good warm-up and cool-down

## Absolute Contraindications to Exercise

### Clients should not exercise if they have:

- Diagnosed heart disease
- Thrombophlebitis - inflammation of a vein with formation of blood clot
- Recent pulmonary embolism - artery blocked/blood clot formed
- Risk of premature labor
- Uterine bleeding
- Ruptured membranes
- Intrauterine growth retardation
- Severe isoimmunization (mom is allergic to the fetus)
- Severe hypertension - risk to the mom
- Suspected fetal distress
- History of three or more abortions

**\*\*If they do exercise they can either cause damage or terminate the baby or mother**

## Relative Contraindications to Exercise

### Clients with these conditions should only exercise with prior approval from a physician

- Hypertension
- Anaemia or blood disorders
- Thyroid disease
- Diabetes melitus
- Breech presentation in third trimester - buttocks/feet first
- Excessive obesity or extreme underweight
- History of sedentary lifestyle
- Cardiac arrhythmia or palpitations
- History of sudden labor
- History of fetal growth retardations

**\*\* They are high risk clients and should absolutely have written permission, if you're not confident don't see them!**



## When to Cease Activity:

### Stop and refer or Assess and change:

- **Pain** - *Stop exercise and try something else, if it didn't work end the workout*
- **Uterine contractions** - *Stop*
- **Vaginal bleeding** - *Stop - Hospital*
- **Leakage of amniotic fluid** - *Stop - Hospital*
- **Dizziness or faintness** - *did they eat? If not have a snack. Advise them to have a snack 30min before training. Or is it too hot an environment?*
- **Shortness of breath** - *let them recover and don't cue a particular breath pattern. Just let them breath!*
- **Palpitations of tachycardia** - *Racing heart - asses, let it settle or refer*
- **Nausea or vomiting** - *This is normal in 1st and 3rd so accomodate the schedule around it*
- **Pins and needles** - *Change their position*
- **Numbness** - *Change their position*
- **Visual disturbances or feeling of disorientation** - *Have a juice (apple juice) and let them recover or refer.*
- **Temperature extremes of very hot or cold** - *asses and let it settle if it continues refer*



## First Trimester: 0-12 Weeks

**Characteristics:** (We are usually the first to know so keep in mind the following)

- This is the most fragile part of pregnancy so be very cautious of taking on a new client as if they were to lose the baby they will want to blame pilates as it may be the only new activity they have started!
- Morning sickness, nausea and vomiting may occur, this feeling may occur all of the time - *schedule the client when they feel least sick*
- Woman may experience fatigue and get very emotional due to hormonal changes
- Pressure on the bladder may make the woman have to urinate more frequently
- There may be a change in waist girth or some weight gain
- Breast become tender making prone exercises uncomfortable
- Blood pressure may decrease
- Dehydration & muscle cramping
- Discomfort in prone position (breast or abdominal area)
- By the end of the first trimester, the fetus is approximately the size of a tennis ball. The baby can kick, turn its head and swallow. There is an obvious heart beat.

### Hormonal Changes:

- This occurs in the first trimester and become more apparent as the pregnancy progresses. Increases in estrogen, progesterone, and most importantly relaxin will effect collagen metabolism and connective tissue. Collagen is more pliable and there is an increase in extensibility of connective tissue, ligaments.
  - Relaxin hormone is released into the body, which make the joints more relaxed and affects form closure, avoid going into end ROM of any joint and cue eccentric control of muscles in the mid-range
- Ligament laxity may be problematic for some, due to the decrease in support of the form closure 'joints'. The two most compromised ligaments during pregnancy are the Sacrotuberous (a lateral stabiliser of the sacrum) and the Sacrospinous (a Lateral and torsional stabiliser of the pelvis). However it can affect any or all of the joints.
  - Do not force end range! They have fake flexibility, work on stabilising the joints rather through mid ROM



## Exercise Guidelines for the First Trimester:

- Clients must absolutely consult and receive approval from their medical practitioner before beginning or continuing their exercise program. - *a doctors note is always beneficial!*
- Focus on stability, due to the decrease in stability or the form closure of the pelvis and spine, it is imperative that the body is not put into positions that may compromise the stability i.e. long levers, open kinetic chain activities.
- Watch spinal integrity. Working in neutral is a safe option. Keep mobilisation exercises in a moderate to small ROM. We don't want the body to be rigid but we don't want to work in large ranges of motion either. Keep exercises simple, nothing complicated, this is not a time to increase fitness level - you may even have to drop a level.
- Pay attention to form, keep good posture.
- Avoid holding stretches, and the breath.
- Avoid hamstring and adductor stretches, rather strengthen them to help with force closure since the form closure is compromised. - *for the stability of the pelvis!*
- Focus on pelvic floor exercises, create awareness of pelvic floor if unaware. - *encourage this!*
- Take care with exercises that may put pressure on the pubis symphysis, which may be compromised due to connective tissue laxity. Have your client sit with equal balance in the pelvis. Stability Balls are nice cushions to relieve pressure. Work in four point kneeling position also achieves this.
- Watch for the decreased blood pressure - it may cause dizziness in certain exercises or in fast transitions. - *teach them the 'nana roll' onto the mat or reformer.*
- Watch overuse of adductors - this can cause shearing at the pubis
  - no side splits
  - fitness circle is too much, mini ball is okay
  - avoid loaded lunges or too many and no jumping.

### **Strengthen:**

- Scapular stabilisers especially the retractors to strengthen for increased breast size
- Work on quadriceps, glutes and hamstring - strength and endurance

## Second Trimester: 13-26 Weeks

### Characteristics:

- Nausea is gone, and the pregnancy is visible - *usually no prone exercises as the belly is in the way or the even the breasts, so if they can't lie prone because of discomfort or size, how could you modify the exercise? i.e. quadruped position - we start to modify as much as possible as prone becomes more difficult.*
- Very important to avoid supine and inverted positions - Supine Hypotensive syndrome is a risk! Pressure from the growing uterus can compress the inferior vena cava (the main vein that runs up the back side of the abdomen) thereby reducing blood flow back to the heart!
- May experience occasional headaches, and aching in the abdominal area due to ligaments stretching.
- May feel itchy around the abdomen
- May have swelling in ankles and feet
- Skin changes, darkening of nipples, linea alba patchy skin, red palms, and facial blotching
- Heartburn, flatulence, bloating
- Brain lapse, scatterbrain syndrome
- By the end of the second trimester the baby is about the size of a basketball, has facial hair and fingernails, may get hiccups and loves to play a good game of soccer in the belly.

### Hormonal Changes:

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## Exercise Guidelines for the Second Trimester:

- The greatest changes in pelvic mobility / lack of stability are from the 20 to 27 week period. Therefore a focus on stability in neutral is important! *If they are having a healthy pregnancy you can challenge them a little bit more in this trimester, through strength and endurance training of the upper and lower extremities.*
- Check DR at belly button, 2 cm above it and below it. - Two finger gap fine, 3 fingers send them to the doctor.
- The center of gravity is most altered during this stage so focus on stability is essential. Watch balance exercises, do not do repetitive stand exercises which will be too overwhelming.
- Change positions frequently - avoid spending more than two minutes or so in one position. This is for comfort, they will want to shift to find a comfortable position regularly. A pregnant woman at this stage will be constantly moving around to find a comfortable position, especially with an active fetus.
- Again, no long levers or open chain exercises.
- No inversions
- Watch hand positions, four point kneeling, may be uncomfortable for those with wrist issues. - *Carpal tunnel may be an issue here. A quick fix is to fold over the mat a better option would be the HALO or hand wights, arc barrel or spine corrector..*
- Focus on pelvic floor and the support of the abdominals like a corset, avoid cues like compress, flatten. This may feel uncomfortable and unobtainable due to their size.
- Keep ankles mobile to help with circulation of lower extremities. - *avoid swelling - avoid clots*
- Weight-bearing exercises may be challenging depending on the size of the belly. Be careful with unilateral standing, it may cause stress in the sacroiliac joints.
- Focus on the shoulder girdle and scapula humeral rhythm. - *even more so as you head towards the third trimester - bring the scapula to neutral and encourage upward rotation. They need the strength to be able to pick up their baby!*
- Focus on natural breathing patterns. Do not cue specific pattern. They will, most likely, be taught specific birthing breath patterns in their birthing classes and you do not want to confuse them. - *STOTT PILATES 3D breath is amazing!*

### **Strengthen:**

- Gleno-humeral joint and elbow (biceps & triceps), leg strength - push pull, mini squats, hinges.

## Third Trimester: 27-40 Weeks

### Characteristics:

- The uterus is now positioned under the rib cage and may contribute to heartburn and shortness of breath.
- Braxton Hicks (sporadic uterine contractions that may start about 6 weeks before delivery), otherwise known as 'practice contractions', are a normal occurrence. It's the body's way of readying itself for what's to come. Keep note that when they occur it is recommended to stop exercising until the contractions subside, especially if it is their first pregnancy.
- Very important to avoid supine positions, Supine Hypotensive Syndrome is a risk! - *Have the shoulders higher than the pelvis*
- Body may become achy, especially in the pelvis and buttock. Legs may cramp
- Frequent urination. Urinary tract infections are also common.
- Blood pressure may rise, if so, careful monitoring is essential
- Constipation and varicose veins occur due to increased blood volume plus the arteries and veins are more relaxed due to hormones.
- Edema, or ankle swelling, very common, again due to increased blood volume - *mobilise the lower leg & ankle*
- Breast may become extremely sore and leaky
- Over sensitive
- Low energy levels due to low hemoglobin levels and difficulty sleeping - *go with the flow each individual will be different*
- The baby will grow to approximately 7-10 lbs. There will be less movement more squirming than actually kicking.

### Hormonal Changes:

- This occurs in the first trimester and becomes more apparent as the pregnancy progresses. Increases in estrogen, progesterone, and most importantly relaxin will affect collagen metabolism and connective tissue. Collagen is more pliable and there is an increase in extensibility of connective tissue, ligaments.
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  - Do not force end range! They have fake flexibility, work on stabilising the joints rather through mid ROM



## Exercise Guidelines for the Third Trimester:

- Again, continue to change positions frequently.
- Slow transitions
- Short levers still, shorter ROM
- Energy levels are changing (either a lot or a little) so you may want to do two 30 minute sessions per week rather than one 50 minute session.
- Side-lying exercises are extremely comfortable and advisable. - change positions frequently
- Use pillow to support belly
- Four point kneeling helps to release tension - allows weight to come off the spine and PF
- Squats are great for circulation and to prepare the pelvis for birth - also good for PF
- Continue with ankle and foot exercises to increase mobility of ankles and increase circulation
- Focus on breath to control movements and aid in stress reduction.

***Lastly for all stages of pregnancy be the encouraging instructor and keep the work fun!  
Bring joy to the process as best you can.***

# Post-Natal Pilates

*Clients will benefit from regular exercise after their babies are born. During the postpartum period, the goal of exercise is the same as during pregnancy: to maintain the highest level of fitness while maintaining maximum safety. However, the postpartum client may also be attempting to regain the fitness and body shape she had before pregnancy. The trainer must help the client understand that most of pregnancy's physiological changes will continue through postpartum, and that similar precautions and guidelines are necessary.*

*Post-natal exercise can begin approximately four to six weeks after a normal vaginal birth or after bleeding has ceased. This time frame may be extended if there were complications during birth or a C-section was performed. In any instance, a physician's note is required before regular exercise can begin.*

*There are many potential concerns to a post-partum client that should be taken into consideration.*

## Physiological Changes to consider:

### Incontinence:

- Pelvic floor muscles have become stretched and weakened during pregnancy and delivery
- Leakage may occur during strenuous movements
- Client may not mention it because of embarrassment
- Focus on retraining pelvic floor muscles - *do squats*
- Even clients who have had a c-section will need to retrain the pelvic floor

### Carpal Tunnel Syndrome:

- As the relaxin hormone stays in the system until after breastfeeding hyper-mobility of the wrist joints may make clients more susceptible to carpal tunnel issues
- Over-extension of the wrist will cause pain and discomfort
- Exercises may need to be modified to decrease extension at the wrist joint
- Perform quadruped exercises on an arc barrel, pilates edge, raised mat, Halo etc to decrease
- extension at wrists joints

### Breast Tenderness:

- Be aware of this. Communicate with your client
- If the client is breast-feeding, the breast may be tender, especially early on
- Mastitis (an infection of the breast) may also cause soreness as well as fever and fatigue
- Avoid prone exercises if necessary.

### Diastasis Recti:

- Super important to work in neutral as it helps return the muscle fibres to the natural length.
- If the client experienced a diastasis recti during the pregnancy, the effects may still be felt long after the birth (up to 2 years or longer)
- The abdominals have also been stretched out and strengthening exercises are required to regain strength and support of the torso and lumbo-pelvic region
- Focus on drawing both sides of the abdominals together with the external obliques
- Overuse of the internal obliques may cause the abdominals to spread - there are 2 very different schools of thought on this topic - some say no loaded abdominal work ...

### Joint Laxity:

- The hormone relaxin which was released in the body during pregnancy is still present in the body even after the birth
- Movements should be kept within a safe range of motion until levels return to normal (some sources say that this will not occur until after breast-feeding has ceased)

### Post-Partum Depression:

- Many women will experience some form of post-partum depression
- Exercise may help alleviate these symptoms, although depression may also lead to lack of motivation.
- Workouts should be fun and energising to maximise endorphin production



## Fatigue

- Even after 6-8 weeks, a new mother will experience general fatigue when dealing with a new baby.
- This fatigue may be worse if it is not a first child as they have other children to take care of.
- Workouts may need to begin slowly - 20-30 min before gradually increasing to pre-pregnancy length, or take lots of breaks.
- Constant dialogue between client and instructor will ensure energy levels are adequate to perform well.

## C-Section Issues:

- A doctor's note is required in the case of a c-section and exercise may not be able to be resumed until 8 weeks or more after surgery
- Clients who have had a c-section may be afraid of exercising for fear of affecting the incision
- pelvic floor retraining is still necessary even though there was not a vaginal delivery

## Residual Postural Issues:

- Fix the posture - keep in mind what posture they are in in order to nurse the baby and to take care of all its needs.
- Some postural misalignments may remain as a result of pregnancy and the postures that are maintained during the care of an infant.
- Increased lordosis with tight lower back extensors and tight hip flexors.
- Upper thoracic Kyphosis.



## Exercise Guidelines for Postpartum:

- Most of pregnancy's physiological changes will continue through postpartum, and similar precautions and guidelines are necessary.
- After a normal vaginal delivery, gentle daily activities, such as walking, may begin.
- Gradual increase in activity can carefully be added as tolerated over the next six weeks
- Exercising can resume 4-6 weeks after delivery, or when bleeding stops as exercise may increase blood flow. If you are in doubt, obtain medical clearance.
- Clients who had a Cesarean delivery should obtain a doctor's release before commencing. No heavy training for 12 weeks postpartum
- Progress slowly
- Lactating women should pay special attention to adequate fluid and caloric intake and wear a well-fitting supportive bra when exercising
- Pelvic floor retraining is a must! 0-100% modulation training is recommended
- Work the obliques concentrically and eccentrically if no DR is present
- Start their programming a little gentler from where the last finished as a pre-natal client

## Resources

James S. Clapp, Exercising through your pregnancy - Addicus 2002

Mayo Clinic Guide to a Healthy pregnancy - Mayo Clinic 2004

American College of Obstetricians & Gynecologists [www.acog.org](http://www.acog.org)

Posture image from Muscles, Testing and Function 4th edition

MERRITHEW guidelines from Workshop notes

# Disclaimer:

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