



PAA Submission – OSCA 2027

Q8. Are there any occupations in OSCA that are not accurately described?

This submission is by the Peak Body for Pilates (PAA), an association that currently represents 770 members. We have represented comprehensively trained Pilates instructors since 2002.

We are making three recommendations for the current OSCA classifications structure to reflect the diversity of Pilates instruction, client complexity, education, training and professional development. It also aligns with current directions in health fund rebates requiring the identification of different types of Pilates instruction and delivery for evidence-based policy making and practical fund administration. The recommendations are:

- Fitness Instructor classification (Code 462131) remains unchanged, including gym-based or standardised group Pilates delivery in Major group 4
- Pilates Instructor (Code 462231) be changed to Comprehensive Pilates Instructor and moved to skill level 2 in Major group 4 under Health Support Worker
- A separate emerging occupation be recognised for Therapeutic Pilates Practitioner in Major group 2 Professionals, subgroup 26 Health Professionals.

Issues with Current Occupational Classification

Pilates is currently represented within Sports and Fitness classifications, as Pilates Instructor (Code 462231) and for Gym Pilates Instructor under Fitness Instructor (Code 462131). This only partially reflects the Pilates workforce.

There are three materially different contexts of Pilates delivery in Australia:

- General fitness-based Pilates, typically delivered in gym or large group environments, with synchronous exercise delivery, which is appropriately captured under the existing Fitness Instructor classification.
- Comprehensive Pilates practice, involving assessment-driven, individualised program design, and tailored exercise delivery, including working with general populations, postural and movement-related concerns, and individuals with a range of mild health conditions that are stable. This is not accurately reflected within the current code.
- Therapeutic Pilates practice involves the application of clinical reasoning to develop tailored exercise programs based on an individual's case history,

postural and movement assessment, and an evidence-informed treatment plan. This includes working with high-complexity clients including those with injuries, chronic conditions co-morbidities and/or functional limitations and applying increased risk management responsibility to ensure safe and effective outcomes. This is not accurately reflected within current Sports and Fitness occupation codes.

These modes differ in skill, autonomy, responsibility, and client risk exposure, and cannot be accurately represented within a single occupation. Delivery of Pilates Pilates is delivered across a range of settings, including large group fitness environments, condition-specific group classes, semi-private studio-based settings, and one-to-one sessions.

While group-based delivery has expanded access for consumers, the fundamental mind-body aspect of the core Pilates methodology is not generally taught within a fitness environment. Pilates is often described in terms of class format, for example mat or reformer, rather than as a method involving assessment, program design, and individualised progression with mindful movement. This contributes to all types of Pilates currently being misclassified within general fitness contexts.

Semi-private delivery: One defining feature of Comprehensive and Therapeutic Pilates practice is semi-private delivery, where a practitioner supervises a small number of clients concurrently, a maximum of four, with each client following a different program and commonly using a different piece of apparatus. This is not equivalent to group exercise instruction, as it requires continuous monitoring, prioritisation, and adjustment across multiple individualised programs.

Condition-specific group classes: A further mode of Pilates delivery not captured by the current classification is condition-specific group classes. These are small group sessions designed for participants sharing a common condition or functional presentation (for example, osteoporosis, low back pain, post-natal recovery, or falls risk).

These classes are not standardised group exercise. Participants are screened, individual contraindications are considered, and exercises are modified for each participant. While clients may share a broad focus, delivery requires ongoing monitoring, individual adaptation, and condition-informed decision-making.

Condition-specific Pilates group classes require Comprehensive Pilates training and cannot be accurately classified as standardised fitness instruction.

Limitations of Sports and Fitness Classification

A substantial and significant component of Comprehensive and Therapeutic Pilates practice does not align with Sports and Fitness occupations.

Comprehensive Pilates practice:

- is not competitive or performance-based
- involves structured assessment and individualised program design
- is delivered with defined functional and health-related objectives
- involves ongoing modification, progression, and monitoring of client response
- includes working with postural issues and stable mild health conditions
- is commonly delivered in semi-private settings, requiring concurrent management of multiple individualised programs
- is delivered by Pilates instructors holding diploma level qualifications

Therapeutic Pilates practice has significant occupation specific additional requirements, that:

- requires the development of a treatment plan and clinical reasoning to determine safe exercise prescription and apparatus use
- involves complex clients with injuries, chronic problems or conditions and co-morbidities, or functional limitations
- requires independent clinical decision-making, prioritisation, and adaptation beyond standardised class delivery
- provision of service may require utilisation of raised beds and modified Pilates apparatus
- is delivered by Pilates instructors who are highly trained individuals with higher levels of qualifications (advanced diploma or post-graduate level) and significant industry experience

The current classification is inaccurate as it:

- does not distinguish between group instruction or Comprehensive or Therapeutic individualised programming
- does not differentiate between the intentional mindful coordinated breathing and quality of movement fundamental to Comprehensive and Therapeutic Pilates as opposed to fitness Pilates which focusses on high quantity, set exercises

- does not capture semi-private delivery, where multiple individualised programs are delivered concurrently
- underrepresents skill, autonomy, and responsibility
- groups together occupations with materially different levels of decision-making, provision of service, complexity, and client risk exposure

Impact of Current Classification

The current classification:

- obscures workforce differentiation
- limits visibility in national data
- contributes to misunderstanding of Pilates as a format rather than a method
- constrains alignment with health and preventative care frameworks
- makes it difficult to distinguish between high-responsibility individualised practice and standardised group instruction which can directly compromise client safety
- skews statistical data and affects government decision making for funding and research support
- compromises policy development to create programs addressing Australian workforce skill shortages in emerging occupation of Therapeutic Pilates
- does not recognise the distinct emerging profession of Therapeutic Pilates
- does not align with definitions of Pilates for Health fund rebates

Q9a. Are there any occupations that should be separately identified with a unique code in OSCA? For each new occupation please describe the occupation as fully as possible, including:

Proposal for New or Revised Occupations Proposed Approach

It is proposed that:

- Fitness Instructor classification (Code 462131) remains unchanged, including gym-based or standardised group Pilates delivery in Major group 4
- Pilates Instructor (Code 462231) be changed to Comprehensive Pilates Instructor and moved to skill level 2 in Major group 4 under Health Support Worker
- A separate emerging occupation be recognised for Therapeutic Pilates Practitioner in Major group 2 Professionals, subgroup 26 Health Professionals

These roles are not simply stages of experience but reflect substantial differences in:

- Education and skill levels
- Specificity of service
- Mode of service delivery
- Level of autonomy, decision-making and responsibility
- Complexity of client presentation
- Responsibility for program design, progression, and risk management

The current two-occupation results in an overly broad classification that does not accurately reflect the structure of the workforce or the significant differences in occupation

Occupation 1: General Fitness-Based Pilates: No change recommended

Occupation 2: Comprehensive Pilates Instructor

Definition:

A Comprehensive Pilates Instructor is a vocationally trained professional who independently assesses movement and functional capacity, and designs, delivers, and progresses individualised exercise programs using Pilates methodology to support health, wellbeing, and functional movement.

This role is defined by program design responsibility, rather than delivery of pre-designed or standardised exercise formats. Core Tasks:

- conducting movement and functional assessments
- designing and delivering tailored exercise programs
- prescribing and progressing exercises using specialised apparatus
- modifying programs in response to client presentation
- monitoring outcomes and adjusting programs over time
- working with clients presenting with postural issues and movement dysfunction
- adapting and individualising exercise programs for clients with stable or less complex conditions, including musculoskeletal syndromes and functional limitations

Alternative names:

Pilates Method Instructor

Pilates Practitioner

Pilates Teacher

Studio Pilates Instructor

Pilates Movement Instructor

Pilates Apparatus Instructor

Pilates Studio Practitioner

The PAA recently undertook a self-report survey. There were 282 responders with 188 of those being members of the PAA. Survey responses indicate that Comprehensive Pilates Instructors predominantly deliver individualised services, with approximately one third reporting that a significant proportion of their work involves clients with diagnosed mild conditions or functional limitations. This demonstrates that condition-informed and adapted exercise delivery is already embedded within Comprehensive Pilates practice. However, these typically less complex or more stable presentations do not involve the same level of multi-factor complexity, multimorbidity, or risk management seen in higher-level Therapeutic practice.

Evidence of Practice Model:

The recent PAA survey indicates that, for the responders, practice is predominantly individualised. Approximately 61% of those surveyed said working time is spent delivering individualised private or semi-private sessions.

Semi-private sessions are small, individualised sessions delivered in a designated Pilates studio environment, with one to four clients per practitioner. Each client is taught Pilates principles, follows their own program, and clients commonly use different Pilates apparatus simultaneously. This

demonstrates that Comprehensive Pilates delivery is structured around individual program design, whilst being delivered concurrently to multiple clients.

Education and Training:

Comprehensive Pilates Instructors are vocationally trained through Comprehensive Pilates teacher training programs, typically at Diploma level or structured Comprehensive Pilates teacher training with comparable scope, depth, and competency outcomes. These programs develop competency in assessment, individualised program design, apparatus prescription, and concurrent supervision of multiple clients following different programs.

Short-course or fitness-based Pilates training does not provide the education and learnings on assessment procedures, design, and progress for individualised programs. The role requires comprehensive teacher training to safely deliver assessment-driven Pilates and manage clients with postural issues, movement dysfunction, and stable health conditions.

PAA survey data indicates that 90% of practitioners performing this role hold Diploma-level or Comprehensive Pilates teacher training with comparable scope, depth, and competency outcomes or higher qualifications.

This supports classification at Diploma - skill level 2, reflecting the structured education and applied knowledge required.

Position within Workforce:

This occupation sits between:

- fitness-based instruction, and
- high-complexity Therapeutic practice,

It involves individualisation and significantly greater responsibility than group fitness delivery but generally working with less complex and more stable presentations than those managed by Therapeutic Pilates Practitioners.

Occupation 3: Therapeutic Pilates Practitioner

Definition:

A Therapeutic Pilates Practitioner is an experienced practitioner delivering a treatment plan based on case history, postural, functional and evidence-based movement assessment with relevant education and experience in understanding aetiology and prognosis of various conditions and problems, providing assessment informed, tailored mind-body movement interventions for clients with complex injury, chronic conditions, co-morbidities, or functional limitations.

This occupation is defined by task, with the development of a treatment plan, high skill levels, knowledge and experience, and by the nature of client presentations, level of risk, intention and decision-making responsibility to provide functional mobility across the full spectrum of ages groups.

Education and Training

Therapeutic Pilates practitioners build on a Diploma-level qualification. This may take the form of higher-level qualifications e.g. an Advanced Diploma or post graduate qualification. However, the defining feature is the extensive experience (in the order of five years) and further education via professional development courses and mentoring

to safely manage complex conditions and clinical presentations with advanced clinical reasoning supporting the safe independent provision of service.

Evidence of Scope and Demand:

The recent self-report survey data (n=282) indicates that three quarters of practitioners' with more than 3000 hours experience report that more than half of their work involves clients with a diagnosed health condition, injury, or functional limitation. This compares to 30% of practitioners with less than 3000 hours experience reporting working with this client cohort. (We have used 3000 hours as this aligns with our membership levels which recognises hours of experience - rather than elapsed time - as a more accurate measure of practice experience.)

This demonstrates that health-related Therapeutic Practice represents a substantial and routine component of Pilates delivery, establishing that it is a growing and emerging specific profession.

Core tasks and Practice Characteristics:

Therapeutic Practitioners deliver high complexity services, including a treatment plan based on:

- Detailed client case history
- Systematic postural and movement screening and assessments
- Understanding of aetiology and prognosis of various pathologies, problems and conditions
- Use assessment outcomes to determine exercise prescription
- Provide individualised person-specific modifications
- Maintain records and notes
- Review and progress programs over time
- Manage multiple distinct programs concurrently in semi-private or private contexts

These behaviours reflect structured practice involving occupation specific skills, increased responsibility and risk management and align with the requirements by health funds to provide therapeutic treatment for health fund rebates.

Position within Workforce and Health System Interaction:

The results of the recent PAA survey shows a substantial proportion (87%) of Therapeutic Practitioners report receiving referrals from, or communicating with, registered health professionals, indicating engagement with broader care pathways.

Distinct Nature of the Occupation of Therapeutic Pilates:

This occupation is differentiated by:

- development of client treatment plans with case history, postural and movement assessments, understanding of aetiology and prognosis of problems and conditions
- complexity of client presentations
- skilled manual assists
- utilisation of the full range of Pilates apparatus with the use of raised beds and apparatus where required
- high levels of direct complex supervision, autonomy and decision-making
- continuous real-time biomechanical evaluation
- assessment of movement dysfunction
- use of clinical reasoning to provide guided Pilates mind-body movements to support individuals with a variety of health conditions
- high levels of autonomy and decision-making
- significant responsibility for active risk management
- clinical reasoning to provide guided Pilates mind-body movements to support individuals with health conditions

Q9b: Workforce Size and Demand:

Pilates Association Australia membership data for teaching membership demonstrates a substantial workforce operating beyond standardised group fitness delivery.

Teaching Membership Category	Members
Group	96
Studio	44
Practitioner Level 1	184
Practitioner Level 2 and above	225
Total	549*

*The above figure represents teaching members only. This table does not include students or associates.

A second Australian association accepts membership for Pilates Practitioners.

Across these two associations, conservative analysis indicates an identifiable Therapeutic Pilates workforce of approximately 220 practitioners, after adjusting for educator-only members and partial practice participation.

Allowing for non-members, the broader current national Therapeutic Pilates workforce is conservatively estimated at 250 to 350 practitioners nationally. Based on conservative growth assumptions, the Therapeutic Pilates workforce is likely to increase to approximately 360 to 440 practitioners nationally within five years, with higher estimates plausible under stronger demand scenarios.

Domestic Training Pipeline

NCVER data identifies 1,209 diploma graduates between 2015 and 2021, averaging approximately 173 graduates annually.

This indicates a continuing domestic training pathway capable of supporting future workforce growth, while also demonstrating that the profession is already established rather than speculative.

Demand Outlook

Demand for Therapeutic Pilates services is expected to increase significantly over the next 5–10 years, driven by demographic and health trends in Australia. The population is ageing, with the proportion of older Australians increasing and those over 85 projected to grow substantially over coming decades (Australian Bureau of Statistics, 2023). At the same time, chronic conditions are rising. More than 2 million Australians are now living with diabetes, with over 300 new diagnoses occurring each day (Diabetes Australia, 2024), and rates continuing to increase. Obesity is also projected to rise, with modelling suggesting up to 47% of Australian adults may be living with obesity by 2035 (World Obesity Federation, 2023; Obesity Evidence Hub, 2023).

Together, these trends indicate a growing need for a workforce capable of delivering structured, individualised, mind-body exercise interventions to support function, independence, and chronic condition management in the community.

Adherence to exercise is critical for long-term health outcomes. Comprehensive and Therapeutic Pilates, as an individualised and supervised form of exercise, supports sustained participation, particularly for individuals who may not engage in traditional gym environments or who require a more personalised approach. This is especially relevant for people with chronic conditions, pain, or functional limitations, where adherence is often lower in standardised group settings.

Pilates is associated with strong adherence to exercise programs (Rodrigues-Fuentes et al, 2022, Vera-Saura et al, 2024, particularly where delivery is individualised and supervised. Improving adherence to exercise is a key challenge in managing chronic disease and reducing health system burden. Continuity of exercise engagement is extremely likely to influence workforce demand.

Experience Profile and consumer demand:

Data from the recent self-report PAA survey data indicates a clear progression in client complexity across the workforce linked to increasing experience and further education (Figure 1).

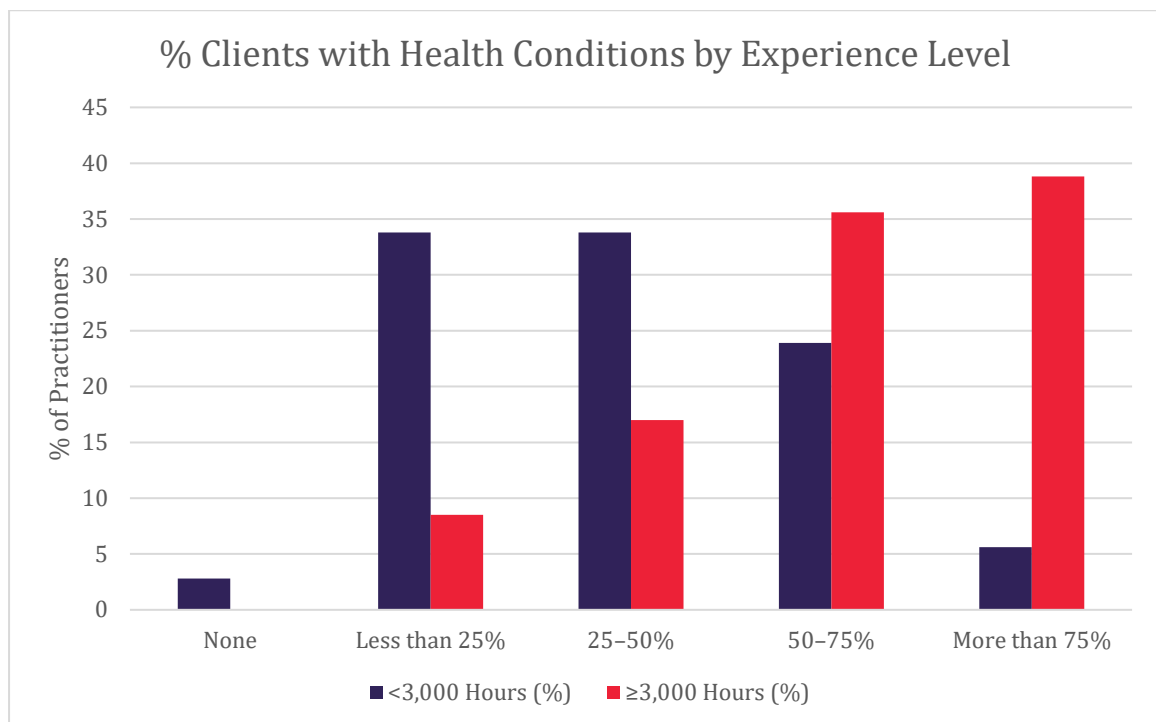


Figure 1. Percentage of clients that have a diagnosed condition, shown for Pilates instructors with less than 3000 hours experience and more than 3000 hours experience.

The significant shift in percentage of clients with complex conditions attending Therapeutic Pilates Practitioners with over 3000 hours experience is noteworthy. Over 75% of these practitioners report that more than half of their clients fall into this category, demonstrating the growth of Therapeutic Pilates as a distinct occupation via consumer support.

Figure 2 shows the focus shift from fitness and wellbeing to complex conditions for experienced practitioners.

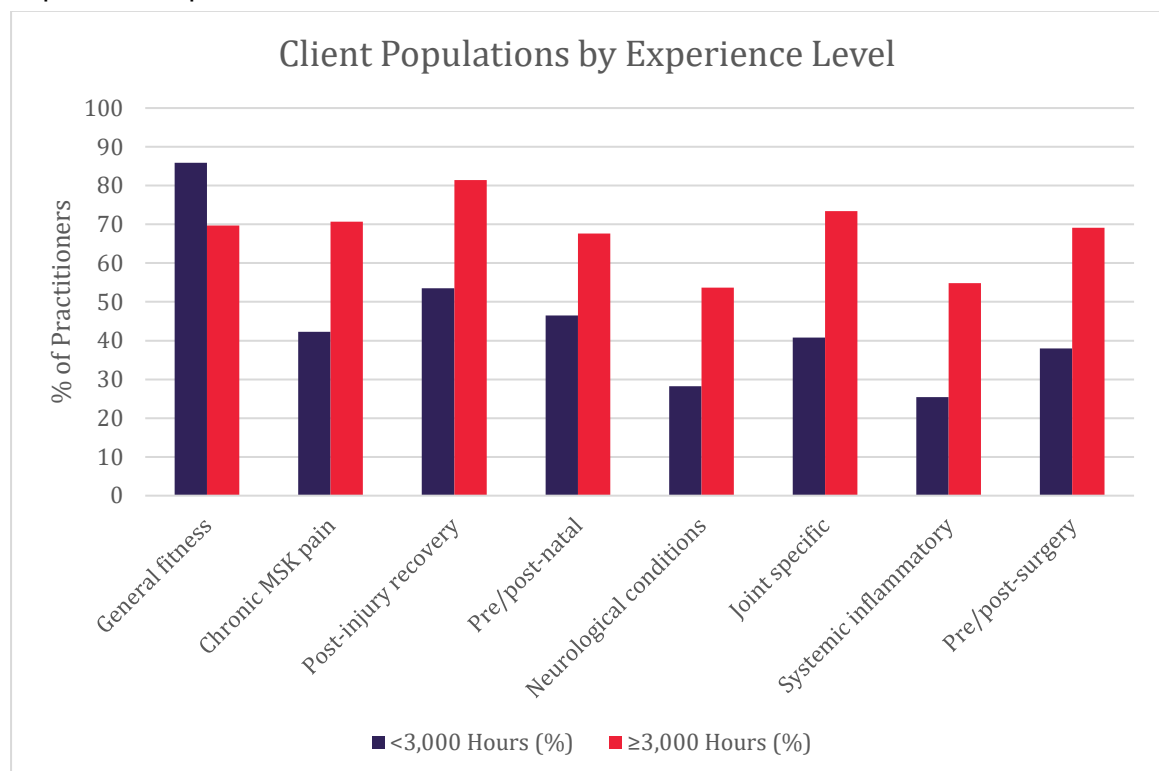


Figure 2. Percentage of clients in different population groups, shown for practitioners with less than 3000 and more than 3000 hours experience. (These are not mutually exclusive groups.)

(The 3,000-hour experience benchmark broadly aligns with several years of regular practice and is consistent with the order of magnitude of experience typically associated with progression to higher skill levels in occupational classification frameworks. While the exact number of years will vary depending on hours worked, this threshold generally reflects a period of sustained, applied practice over multiple years, often in the range of approximately five years for a typical practitioner.

It is not intended as a rigid equivalence or regulatory requirement, but as an indicator of accumulated experience associated with increased capability in managing complexity, variability, and risk.)

This demonstrates that while condition-informed exercise delivery is already embedded within general Pilates practice, the experienced Therapeutic Pilates Practitioners work with a higher proportion of clients with complexity issues. Along with increasing experience, PAA members are required to complete ongoing further professional development courses ensuring that their education supports these increased skill levels.

Q9c: Placement within OSCA Structure

Occupation 1: Fitness Pilates remains unchanged

Occupation 2: Comprehensive Pilates Instructor

Suggested Classification:

- 4 – Community and Personal Services Workers
- 44 – Health Support Workers & Assistants
- 441 – Health Support Workers

Skill Level: Level 2 (Education/Experience: Qualifications are equivalent to an associate degree, advanced diploma, or diploma. Three years of relevant experience can substitute for formal education.)

This suggested positioning is based on the fact that massage therapists and myotherapists are grouped within this OSCA category, indicating similar qualification expectations, and that these occupations typically practise autonomously rather than in assistant roles performed under the supervision or direction of another professional.

Occupation 3: Therapeutic Pilates Practitioner

Suggested Classification:

- 2 – Professionals
- 26 – Health Professionals
- 269 – Miscellaneous Health Professionals
- 2699 – Other Health Professionals (includes acupuncturist, Chinese medicine practitioner, naturopath)
- 26999 – Health Professionals NEC (includes dermal clinician, herbalist, homeopath)

or

- 262 Allied Health Physical and Sensory Therapy Professionals
- 2629 Other Allied Health Physical and Sensory Therapy Professionals

Skill Level: Level 1 (Education/Experience: Qualifications are equivalent to a bachelor's degree, postgraduate certificate, diploma, or higher. Five years of relevant experience can substitute for formal education.)

Q9d: Similar Occupations

Fitness Instructor / Personal Trainer

There is some overlap in the delivery of exercise. However, these roles are primarily focused on general fitness, participation, and wellbeing outcomes, typically delivered in group or standardised formats and equivalent to fitness or gym Pilates.

In contrast, Comprehensive and Therapeutic Pilates practice is characterised by:

- individualised assessment
- tailored program design
- attention to quality of movement not quantity or speed
- ongoing modification and progression
- Pilates apparatus-based delivery
- semi-private and private service models

Unlike fitness instructors, Comprehensive Pilates Instructors routinely deliver multiple concurrent, individualised programs requiring continuous adaptation, rather than leading a single standardised session.

Therapeutic Pilates practice primarily involves working with clients presenting with postural changes, pain, functional limitations, and complex chronic condition and co-morbidities, requiring significant judgement and specific exercise choices with constant individualised adaptation and progression of exercise programs.

Exercise Physiologist

There are similarities in the use of exercise to support functional outcomes. However, Exercise Physiologists operate within a university-qualified, regulated framework with a defined scope that includes clinical assessment and management with a prime focus on strength and conditioning through repetitive exercise.

Comprehensive Pilates Instructors and Therapeutic Pilates Practitioners follow a method-specific, vocational or post-graduate profession-specific training pathway, delivering structured mindful exercise interventions. In addition, Therapeutic Pilates includes the assessment of movement dysfunction, with mindful movement fundamental to the provision of the Pilates method.

Allied health providers are increasingly advertising and using Pilates within their businesses. However, it is uncertain what, if any education or skills in providing Comprehensive or Therapeutic Pilates any allied health worker has acquired. Creating an occupation code for Therapeutic Pilates would support the confirmation of education, skills and experience for the safe and effective provision of allied Health Therapeutic Pilates.

Q9e: Specialisation vs Separate Occupation

Therapeutic Pilates Practitioner represents a distinct occupation, not a specialisation. The distinction is based on:

- Development of treatment plans
- Safe management of high client complexity, including injury, chronic conditions, co-morbidities, and functional limitations
- Provision of service with person-specific appropriate apparatus use for managing a variety of conditions or problems
- Manual guidance for improved performance skill and apparatus use
- Complex individualised and semi-private service delivery
- Increased autonomy in decision-making
- Greater responsibility for safety and risk management

This reflects a significant change in practice consistent with OSCA differentiation principles for higher-risk and higher-responsibility occupations.

Q10: Is there any other information you can provide to help support your submission?

The broader public interest case for reclassification is strong. Consumers increasingly seek Pilates not only for fitness, but for function, symptom management, recovery, active ageing, and support with chronic conditions. This is likely to increase now that

health funds are recognising providers of therapeutic Pilates as being eligible for health fund rebates at a therapeutic treatment level.

The current classification does not allow that reality to be seen in national workforce data.

Reclassification would improve visibility of a large, structured workforce already delivering individualised, condition-informed exercise services. It would also better support public understanding, workforce planning, and future alignment with prevention-focused and community-based health strategies. A clearer occupational structure would reduce confusion between standardised fitness classes and higher-responsibility individualised services, which is important both for policy and for consumer protection.

The current classification of Comprehensive Pilates within Sports and Fitness does not reflect how the occupation is delivered, who it serves, or how it is used within the broader health and wellbeing system.

The lack of an OSCA code for Therapeutic Pilates hides this important health professional and does not align with current health fund rebate classifications. The deliverers of these services must be a visible occupation to ensure that future policy decisions are evidence-based. Lack of a code will also skew Australian Bureau of Statistics data with various negative consequences for government decision making including support for education and research and, as well may mislead or cause harm to consumers

1. Policy and System Alignment

Therapeutic Pilates is increasingly utilised within the Australian health and wellbeing landscape, particularly in:

- musculoskeletal condition management
- injury recovery and functional restoration
- chronic disease support
- active ageing and falls prevention
- improving psychological variables such as self-resilience and well-being

It has been considered within Australian Government policy processes, including the Natural Therapies Review (NTR 2019-2024). The NTR found positive evidence that individualised Pilates provided by certified and experienced practitioners: reduced

disability, reduced pain and improved quality of life in those with low back pain; improved outcomes for those with continence issues post prostatectomy; reduced neck related disability and quality of life for people with neck pain; improved sleep quality and physical symptoms in women with symptoms of menopause; improved quality of life with people with osteoporosis and physical functioning in people at risk of age related decline; improved activities of daily living in women with type 2 diabetes; improved mental wellbeing in people with multiple sclerosis and reduced anxiety in people at risk of mental health conditions. In addition, since the NTR search date (July 2020) extensive, more recent research on the efficacy of Pilates, provided therapeutically, supports the use of individualised mindful Pilates for managing various problems such as improving postural related spinal issues, neurological conditions such as Parkinson's, and reduces the fear of falling and falls risk in older adults. No evidence has been reported supporting fitness group Pilates to address any of these problems or conditions.

Pilates provided therapeutically has been used in structured, exercise-based settings for several decades, with increasing recognition of its role in preventative health, chronic condition management, and functional outcomes.

2. Data and Workforce Visibility

Under the current classification:

- Comprehensive Pilates Instructors are grouped within Sports and Fitness
- Distinctions between general, individualised, and Therapeutic practice are not visible
- The occupation of Therapeutic Pilates practice cannot be identified

3. Broader System Impacts

Misclassification affects multiple systems:

- Planning and premises: Studio-based Pilates differs from gym environments in scale, equipment, supervision model, and client flow, but is often treated similarly.
- Insurance: Pilates may be grouped with higher-risk or generic fitness activities for insurance and workers compensation premiums despite a substantially different delivery model.
- Consumer confidence and safety: Certainty in provision of skills and quality of service in Pilates is not clear. Currently consumers are unable to differentiate between fitness Pilates, Comprehensive Pilates and Therapeutic Pilates, which currently has no OSCA, potentially misleading or causing harm to the consumer.
- Misalignment with current health fund rebate structures.

4. Workforce and migration

High levels of experience, apparatus-based skill, and health-related service delivery are not reflected in current classification. Workforce shortages in higher-skill roles may be masked by turnover in the broader fitness sector.

5. Consequences if Changes Are Not Made Maintaining

Current classification will:

- obscure workforce capability
- inability to make evidence-based policy decisions as the occupation is currently invisible
- constrain workforce planning and data accuracy
- perpetuate misunderstanding of Pilates practice
- continue to treat a mindful movement method of individualised program design as if it were only a class format
- potentially cause harm to consumers
- confuse potential students of the method

6. Organisations Represented

This submission reflects the position of the Pilates Association Australia and broader industry consultation.

Reference list

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