

Which Posture Are You?



A: IDEAL POSTURE

Description

Soft normal curves in the spine act like shock-absorbers, distributing mechanical stress on the body during movement and at rest.

Postural Problems

In an ideal world there should be no problems, meaning your posture is not causing the problem. There are other reasons for the onset of pain and injury.

With an ideal posture and good spinal alignment the muscles should be working in a balanced manner, equal in strength and length. Joints and ligaments should be equally loaded and working in their optimal functional position avoiding overuse wear and tear.

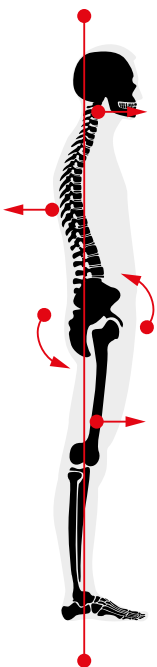
Clinical Problems

N/A

Rehabilitation

Maintaining an ideal posture requires:

- Conscious awareness of standing and sitting posture to avoid bad habits sneaking in.
- Regular physical activity (and in whatever sport that is, maintaining good posture throughout) will help maintain good mobility, as well as strength and endurance of postural muscles.



B: SWAY BACK

Description

When the pelvis is pushed in front of the centre of gravity, it causes a chain reaction with the upper back shifting backwards, protracted (rounded) shoulders and the head poked forwards to compensate.

Postural Problems

- Hips and knees hyperextended
- Long, weak hip flexors (iliopsoas)
- Winging of shoulder blades
- Increased flexion in thoracic spinal joints
- Weak abdominals
- Weak gluteal (buttock) muscles
- Weak upper back extensor muscles
- Short, tight, chest muscles
- Short tight posterior neck muscles
- Weak neck flexors (front)

Clinical Problems

- Degeneration of the neck and back joints
- Disc injury to the lower back
- Muscle tension, lack of mobility in the lower back
- Upper back stiffness and reduced mobility and rotation
- Shoulder impingement
- Neck pain, headaches
- Hip arthritis, impingement, bursitis, flexor tendon injuries and hamstring strains.

Rehabilitation

- Do not stretch hip flexors (front of hip)
- Do not sleep on stomach
- Do not slouch when sitting

Stretch Muscles:

- Hamstring and gluteal (buttock) muscles
- Pectorals (front chest)

Increase Mobility:

- Lower back and upper back

Strengthen Muscles:

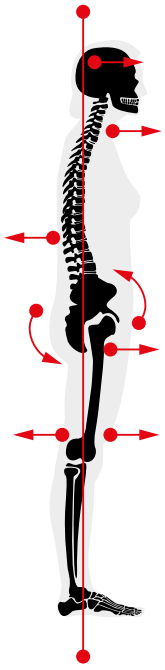
- Extensors of upper back and shoulder blades
- Neck flexors
- Core abdominal muscles
- Hip flexors
- Gluteal (buttock) muscles

Physical Therapy Treatments

- Myofascial/soft tissue manual therapy (using hands-on techniques) to keep your soft tissues in good condition
- Mobilisation or manipulation to improve joint mobility and range of motion
- Balance exercises and walking (gait) training to increase your tolerance of activity and improve your safety by reducing your risk of falls
- Training to help your safety with daily activities such as getting in and out of bed, in and out of the bathtub, or out of a chair, and how to bend and walk with more ease.

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C: FLAT BACK

Description

Tucking the pelvis and flattening the back's natural curves, reduces the spine's ability to manage stress and increases the risk of degenerative disc disease, bulging discs and lower back pain.

Postural Problems

- Head forward
- Body tilts forward slightly
- Flat back
- Pelvis tilted or rotated backwards
- Tight abdominals
- Weak or inhibited lower back muscles (erector spinae)
- Tight gluteus (buttocks) and hamstring (back of thigh muscles)
- Weak or inhibited quadriceps (front of thigh) muscles and hip flexors (iliopsoas)
- Strain on forefoot

Rehabilitation

- Do not slouch – this accentuates the posterior rotation of your pelvis and flattening on your back

Stretch Muscles:

- Hamstrings, gluteus (buttocks) muscles
- Hip flexors
- Abdominals

Increase Mobility:

- Flexion and rotation in upper back (thoracic spine)
- Lower back rotation and extension, movement separately of pelvis and hips
- Control of pelvic rotation

Strengthen Muscles:

- Hip flexors
- Back extensor
- Core and oblique abdominals
- Deep neck flexors

Clinical Problems

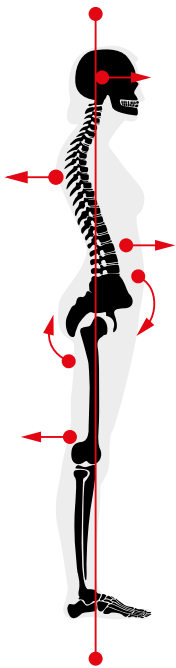
- Back and neck pain
- Stress on discs and vertebral joints of neck and back
- Excessive loads on neck joints
- Tight chest muscles, weak upper back extensor muscles
- Reduced back flexibility
- Difficulty touching toes
- Hard to stand or sit for extended periods of time
- Thigh or groin pain
- Limited ankle and foot flexibility, increased risk of sprains and poor balance

Physical Therapy Treatments

- Myofascial/soft tissue manual therapy (using hands-on techniques) to keep your soft tissues in good condition
- Mobilisation or manipulation to improve joint mobility and range of motion
- Balance exercises and walking (gait) training to increase your tolerance of activity and improve your safety by reducing your risk of falls
- Training to help your safety with daily activities such as getting in and out of bed, in and out of the bathtub, or out of a chair, and how to bend and walk with more ease.

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D: KYPHOTIC-LORDOTIC

Description

A kyphosis is the rounded part of your upper back and a lordosis is the rounded part of your lower back. With hyper-kyphosis-lordosis these curves are much more prominent than normal, especially when looking at your back from the side.

- Your chin is poking forward
- Neck has an increased forward curve
- Your shoulders are rounded
- The chest and rib cage are dropped forward
- The upper back is rounding (kyphosis)
- The lower back has an increased (deep) curve (lordosis)
- The pelvis tilts forward (anterior tilt)
- The knees are locked back

Postural Problems

- Forward head
- Increased cervical spine lordosis ('C' curve) with back neck extensors tight and short and front neck flexors are elongated and weak
- Hyper-kyphotic thoracic spine with upper back extensors elongated and weak
- Shoulders rounded forward
- Shoulder blades held further apart in back
- Chest muscles tight and short
- Pelvis tilts forward pulling the lumbar spine into hyper-lordosis
- Short, tight hip flexors
- Weak abdominals
- Lower back extensors are short/tight
- Weak hamstrings

Rehabilitation

- Taping to help improve your postural awareness to help reduce the angle of your curve

Stretch Muscles:

- Neck and shoulder extensors
- Pectorals front of chest
- Hip flexors
- Hamstrings

Increase Mobility:

- Thoracic spine extension and rotation
- Pelvis backward rotation / tilting, lower back mobility independent of hip and pelvic movement

Strengthen Muscles:

- Deep neck flexors front of neck
- Scapular/shoulder blade retractors and upper back extensors.
- Gluteus (buttock) muscles and hamstrings
- Core and abdominals

Clinical Problems

- Back and neck pain
- Restriction in mobility and range of motion
- Headaches
- Shoulder impingement syndrome
- Compression on disc in lower back and neck causing pain and possible nerve irritation
- Wear and tear to joints leading to early degeneration and arthritis.

Physical Therapy Treatments

- Myofascial/soft tissue manual therapy (using hands-on techniques) to keep your soft tissues in good condition
- Mobilisation or manipulation to improve joint mobility and range of motion
- Balance exercises and walking (gait) training to increase your tolerance of activity and improve your safety by reducing your risk of falls
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