

THE PART 2 POSTURE WINDOW

Using Posture to Guide Assessment and Treatment

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As we discussed in “The Posture Window” (September/October 2017, page 48), a head held in flexion, as with forward-head posture (FHP) and “text neck,” can increase the functional weight of the head many times over. In fact, the increase in weight can be as much as 60 pounds at the extreme end of the spectrum! The burden of all that extra weight on the body is tremendous and unyielding; it has to be carried around whenever a person is in an upright position. It is only a matter of time before the increase in functional weight creates widespread negative effects on the body.



It is these negative effects or symptoms that typically bring clients into our offices. The classic FHP client will present with neck, upper back, or headache pain (or all of the above), usually of an unknown origin. The onset of pain is commonly later in the day. When we dig a little into the health history of the client, they will often express that fatigue is, on some level, taking a toll on their life. Of course it is! Carrying around an extra 20-plus pounds all day, every day is exhausting! These clients typically feel better in the morning because those muscles have been allowed to rest while they lie down at night.

In Part 1, we talked about how bodyworkers can often be drawn into the trap of spending a great deal of time and energy focusing on the tight, tender, overworked muscles that are responsible for supporting the additional weight of a head held in forward posture. But this approach is unlikely to yield any type of long-term gain because as soon as the client goes from the nonweight-bearing position of lying on your treatment table to an upright posture, the muscles that you've spent so much time softening/ decreasing their resting tension will have to rapidly ramp the level of tension right back to the level necessary to accommodate the extra weight of the head in FHP.

The body ramps up tension in those muscles for a reason: to accommodate the extra weight of the head in FHP. Our clients do not carry out their lives in a nonweight-bearing position. Unless we can reduce the weight those muscles are required to hold, all the great work we do on the table will be undone shortly after the client stands up and their functional and symptomatic fate is sealed. This leads to a frustrating cycle for both the client and the bodyworker in which the client makes good progress during the session, but always slips backward between visits.

We discussed in Part 1 the importance of speaking with our clients to identify any lifestyle or environmental factors that could be contributing to the issue that brought

them in. We can benefit tremendously, as clinicians and bodyworkers, by having a strong background in the etiology of the most common postural problems. By knowing which lifestyle factors create the environment where structural deterioration and postural deformities thrive, we can more effectively guide our clients toward functionality and health.

HOW POSTURAL DEFORMITIES GROW

If you had a goal to grow the biggest, juiciest tomatoes in your backyard garden, wouldn't you want to know which specific conditions are required to reach that goal? You would want to find out which type of soil to use, exactly how much water to give them, and the precise location to plant in your yard to ensure the plants received the proper amount of sunlight.

"Growing" postural deformities is the same concept: there is a recipe that leads to postural deformities. In the modern world, that recipe tends to have four main ingredients:

1. Physical inactivity
2. Too much time spent sitting
3. Smartphone/tablet/computer use
4. Improper footwear

PHYSICAL INACTIVITY

Throughout human history, physical activity has been the norm. We had to move each and every day to secure food, water, and shelter for ourselves. We, as modern human beings, have inherited this legacy of daily physical activity from our ancestors. Any departure from the traditional activity patterns of our ancestors seems to be accompanied by certain undesirable consequences. According to the *Journal of Applied Physiology*, "Humans inherited genes that were evolved to support a physically active lifestyle," and "physical inactivity in sedentary societies directly contributes to multiple chronic health disorders."¹





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CHIN TUCK EXERCISE

To help combat your clients' forward-head posture, offer them this homework.

1. Have the client stand with their back up against a wall.
2. The client's feet should be positioned in front of them, approximately 12 inches from the base of the wall.
3. The client's knees should have a very slight bend (approximately 10°–25°).
4. While keeping the back pressed against the wall, have the client slowly attempt to pull the back of the neck into contact with the wall by tucking their chin to achieve a neutral head position.
5. The client holds this position for 5–30 seconds.
6. The client should repeat this process 5–10 times throughout the day.

The Client's Position

When providing instruction on this exercise, pay close attention to the client's position. It is important to ensure that the client doesn't:

- Raise the shoulders to call into action already overtaxed accessory muscles.
- Break the anterior stability line by hyperextending the lumbar spine and/or elevating the rib cage.



Chin Tuck Exercise Modifications

This exercise may be quite difficult or even impossible for clients with advanced FHP. There are certain modifications we can make to the exercise and/or the client's position to make things easier for those who cannot perform the motion.

- For those clients with mild to moderate FHP, we can simply have them move their feet farther away from the wall—the farther the feet move from the wall, the easier the exercise becomes.
- For those with moderate to advanced FHP, we can have the client perform the movement in the supine position. This way, we can use gravity to assist them in accomplishing the contraction.
- For those with advanced FHP, we can elevate the client's feet while they are supine.
- For those with severe FHP, we can use a small pad/cushion to elevate the upper portion of the skull (thus reducing the mechanical disadvantage of the deep neck flexors).

Chin tucks should be done first thing in the morning, to start the day with the goal of creating awareness around proper head position and strengthening the muscles that will lead to that goal. The chin tuck can be reinforced throughout the day almost anywhere, such as during a standing break at the office or even seated in the car while waiting at a red light.