STRUCTURAL KINESIOLOGY CLASS 23

With John Maguire
WHAT WE WILL COVER IN THIS CLASS

Balancing According to Posture

• Factors that contribute to postural deviations
• What postural deviations indicate
• Protocols for creating postural balance
When muscles are balanced and pulling evenly on the skeletal structure, we have our optimum posture.

**Postural deviations are a result of:**

- Muscle imbalances
- Myofascial shortening
- Ligament strain
- Reactive muscles
- Emotional stress
- Gait imbalances
- Cranial faults
- TMJ
- Pelvic Categories
- Dural torque
- Pitch, Roll & Yaw
- Toxicity & lymphatic drainage factors

- In this protocol, you’ll look at 42 muscles and balance with each other.

- The posture will benefit from this and the effect will be longer lasting than just a simple priority 14 muscle balance
BALANCE ACCORDING TO POSTURE

Postural Analysis

1. Ask the person being balanced to give feedback about their posture.
   - Are they aware of any pain or discomfort?
   - Is there tension in any of the muscles or range of motion difficulties?

2. Have them stand facing you so that you can visualize a plumb line above the middle of their head.
   - This line ideally falls so that it travels down the center of the nose and lips, down the sternum, through the navel, bisects the pubis and falls to the floor equally between the feet, which should be turned out evenly.
   - The hands should fall comfortably and evenly from the shoulders.
   - Note any large deviations to this. Slight asymmetry is normal.
3. Have the person turn to the side and imagine the plumb line again.
   • It should fall through a line connecting the centers of the ear, the shoulder, the top of the thigh bone and the knee finishing just in front of the ankle.
   • Note any differences.

4. Ask the person to turn their back to you.
   • Notice any deviations to a line falling through the center of the head, down the spine, through the buttock crease and to a place equally between the feet.
   • Look to see if the scapulae are held flat on the rib cage, see if the buttock creases line up and if the knee creases are level.
   • Do the feet turn out evenly and are they level or tilted in or out?

5. Ask the person to walk around in front of you as naturally as possible. Notice any compensations or tightness as they do this.
Balance

1. Balance the person checking muscles that indicated from their postural signs, particularly if they show as a priority.

Page 291 of the Touch for Health book and the following pages can tell you which muscles may be involved in their postural imbalances.

• You can check the priority head points to find under energy meridians that could have weak muscles associated with them that could be causing postural deviations and balance those first.

• Test and balance these as you go, using the priority mode and the More Mode (myofascial release may be needed, as well as other factors).

• Note changes in the posture and gait pattern after each muscle balance, keeping a record of the results.

• Rub the gait reflexes.

3. Recheck the posture and gait when you are finished balancing.

• Correct any reactive muscles, particularly if there’s tension or pain with movement.
• Toe turn-in on weak psoas side.
• Pronation of foot tendency. Pelvis raises
• and lumbers deviate to tight psoas side
• Right quadratus lumborum weak

• Pelvis level, right 12th rib elevated and left lumbar curved
POSTURAL DEVIATIONS

- Right piriformis weak, left over-contracted
- Left foot turns out
• Pelvis elevation on side of gluteus maximus weakness
• Leg and foot medial rotation
• Some loss of lateral knee stability
POSTURAL DEVIATIONS

- Right gluteus medium weak
- Right pelvis, shoulder and head all elevated
POSTURAL DEVIATIONS

- C-curvature on side of weak sacrospinalis
- Shoulder, head elevation and low hip on side of weakness
- In prone position, weak sacrospinalis is atonic
POSTURAL DEVIATIONS

- Left tenor fascia lata weak
- Genu varus and pelvic elevation on weak side
- Gluteus maximus also aids this knee support
POSTURAL DEVIATIONS

- Left adductors weak
- Genu varus on weak side
- Pelvis elevation on opposite side
• Weak sartorius and/or gracilis
• Genu valgus - also affects A-P balance of pelvis
• Anterior tibialis weak on right.
• Ankle pronation or pes planus
• Problem compounded if psoas allows medial leg rotation
• Weak peroneus group on left allow pes caves or supination
• Medial hamstrings weak all external foot rotation
• Lateral hamstring (biceps femoris) allows medial foot rotation
POSTURAL DEVIATIONS

- Weak rectus abdominis allows separation of pelvis and thoracic cage
- If bilateral, a lumbar lordosis develops
• Weak right transverse abdominis
• Lateral abdominal bulge and possible scoliosis
• Abdominal bulge is best seen with patient doing a sit-up
• Weak latissimus dorsi on right
• High shoulder and head level if other muscles are not involved
• Upper trapezius involvement can easily confuse the patterns
POSTURAL DEVIATIONS

- Weak left upper trapezius
- Shoulder low on side of weakness
- Head tilt away from side of weakness
- Usually secondary tightness on opposite side
POSTURAL DEVIATIONS

- Weak right lower trapezius
- Elevated scapula
- Kyphotic dorsal spine and forward roll of shoulders
• Weak rhomboids on right allow scapula to sag
• Head rotates towards side of weakness
• Weak anterior serratus on right allows scapula to wing away from thoracic cage
POSTURAL DEVIATIONS

- Weak anterior serratus with secondary rhomboid contraction
- Less winging of scapula
- Rhomboids hold scapula as rhomboids elevate the scapula
Postural Deviations

- Weak right trees minor and/or infraspinatus with other lateral rotators
  - posterior deltoid
  - supraspinatus
- Allow internal rotation with palm facing back
Postural Deviations

- Subscapularis and other medial rotators:
  - teres major
  - anterior deltoid
  - pectoralis major
  - latissimus dorsi
- When weak allow lateral rotation of the palm to face forward
POSTURAL DEVIATIONS

• Neck extensor and/or flexor group weakness
• Causes lateral flexion of neck
• Sternocleidomastoid weak on right

• If tilt is due to SCM only:
  • Head rotation will be to side of weak SCM
POSTURAL DEVIATIONS

- Weak abdominals fail to keep pubes and anterior thorax approximated
- Lordosis of lumbar spine results
• Hamstring if weak allow anterior tilt of pelvis, lumbar lordosis.

• Correlate with possible posterior ischium subluxation
POSTURAL DEVIATIONS

• Gluteus maximus provides:
  • posterior pelvic
  • Knee support.

• Weakness contributes to lumbar lordis plus knee instability
POSTURAL DEVIATIONS

- Weak sartorius and/or gracilis fails to support anterior pelvis.
- Posterior pelvic imbalance results.
- Correlate with possible posterior ilium subluxation
Postural Deviations

- Rectus femoris weakness allows posteriority of pelvis
- Loss of lumbar curve
• Forward lean is present in soles weakness

• Due to poor posterior tibial support
• Bilateral psoas weakness allows loss of lumbar curve
• Weak lower trapezius fails to support thoracic spine
• Kyphosis results
• Forward head position from weak cervical extensors
POSTURAL DEVIATIONS

- Lack of anterior support of knee by weak quadriceps causes:
  - knee hyperextension
  - posterior pelvic tilt
POSTURAL DEVIATIONS

- Knee hyperextended when populates is weak
• Hyperextension of knee is compensatory of weak gastrocnemius
ASSIGNMENT

1. Practice testing and balancing according to posture, following the protocol on pages 4 - 6 on two people. If you have a partner that can work with you, get yourself balanced. You can look in a full length mirror to see your own postural deviations.

2. Balance the muscles that are a priority using the NL, NV and Origin Insertion techniques and check the posture after each one is balanced to note changes.

3. Take the quiz for this class.

4. Communicate with your study partner from class at least once this week about your results and any breakthroughs and insights you are getting.