

## Treating Poor Posture

Most massage therapists have come across a client with what they describe as “poor posture”. A more accurate description of this is a *kyphotic* posture. We all have a natural kyphosis (an outward curvature of the thoracic spine, but for many, this has become exaggerated as a result of prolonged sitting such as when using a computer or when driving. The resulting postural kyphosis is sometimes termed “round shoulders”, and leads to complaints such as an ache in upper trapezius, neck pain and even referred pain in the shoulder and upper limb.

Many of you will have massaged the neck and upper back and it is useful to know that there are many other techniques you might wish to use as part of your treatment for this condition. Here are some ideas for additional techniques you might wish to employ when working with this client group.

Overall treatment should involve lengthening tight muscles and strengthening weak, lengthened muscles (referring to a fitness or pilates instructor where necessary).

One of the common errors made in treating this condition is for the therapist to concentrate on massaging the whole trapezius muscle and both sets of rhomboids. Whilst it is indeed important to massage the whole back as part of a holistic approach, it should be remembered that only the upper fibres of trapezius are tight in this condition, and contribute to excessive cervical lordosis along with the cervical paraspinals (along with rhomboids minor). The middle and lower fibres of trapezius are usually weak, as are rhomboids major, which are lengthened due to the protracted position of the scapulae.

When concentrating on relieving the tight upper trapezial fibres try massaging the client in side lying or three quarter lying, using the client’s arm or a pillow to bring about a slight passive shortening in this part of the muscle.

The pectorals, teres major, anterior deltoid, subscapularis, and latissimus dorsi are all also tight in this condition and should be treated. This is because when we sit with a kyphotic posture our scapulae protract, bringing the humerus into medial rotation. All of these muscles are medial rotators and if left untreated remain shortened and may contribute to pain.

Try using passive Soft Tissue Release (STR) to latissimus dorsi and pectoralis major as a specific treatment for these rotators.

The angel stretch is an invaluable stretch as it may be performed actively, passively or as a PNF (Proprioceptive Neuromuscular Facilitation) stretch.

PNF is especially helpful for stretching the medial rotators of the humerus. Whilst this a successful and safe stretch to use, remember that many clients the humeral head may impinge under the acromion process so you may need to experiment with the angle of abduction.

Other useful techniques are to apply STR to levator scapulae which as many of you know becomes shortened during periods of intense concentration and when we are sitting for long periods. For some clients you will discover that applying static pressure close to where levator scapulae inserts at the superior angle of the scapula, will refer pain to the side of the neck and face. This indicates an active trigger spot, common in clients with tight neck extensors. If this happens, simply proceed more gently and ensure a gentle progression in your treatment.

Homecare advice might include showing the client how to rest in supine with a rolled up towel along the length of their thorax, thus “opening” the chest both longitudinally and transversely, taking regular work breaks, postural correction, plus neck retraction exercises to stretch cervical extensors.

Muscles that usually need to be strengthened are the lower fibres of trapezius, the lateral rotators of the humerus plus scalenes.

It should also be remembered that the hip flexors become especially tight during prolonged sitting and should be included as part of this treatment.

If you have any questions then please don’t hesitate to be in touch.

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