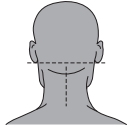
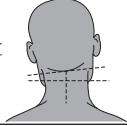
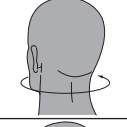
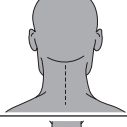
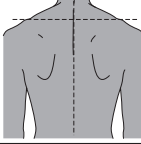
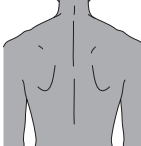
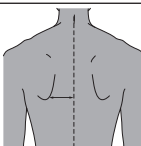
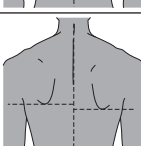
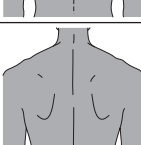



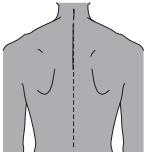
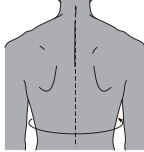
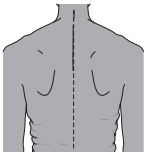
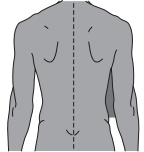
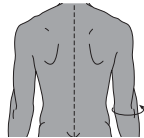
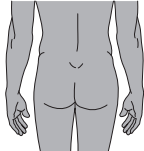
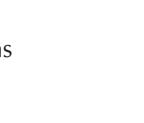
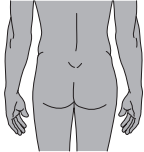
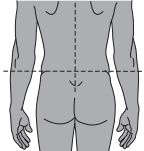
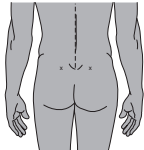
Postural Assessment Charts

You can use these postural assessment charts to track your findings and comments as you're completing postural assessments. Feel free to make photocopies of these charts for inclusion in your clients' records. The order of the steps in each of these charts matches the order of the steps in chapters 3, 4, 5 and 6. Consult those chapters for more detailed information on completing an assessment at each step.

Posterior Postural Assessment Chart	142
Lateral Postural Assessment Chart	146
Anterior Postural Assessment Chart	149
Seated Postural Assessment Chart	152

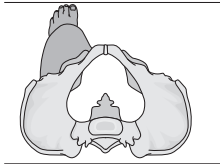
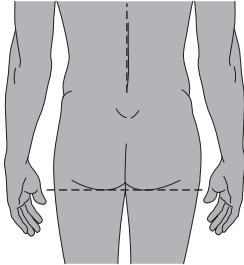
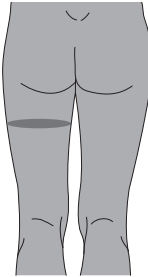
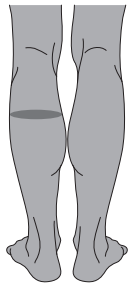
POSTERIOR POSTURAL ASSESSMENT CHART

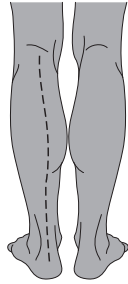
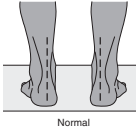

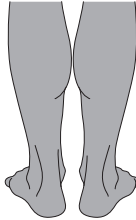
UPPER BODY		
Left side		Right side
	Step 1 Ear Level	
	Step 2 Head and Neck Tilt	
	Step 3 Cervical Rotation	
	Step 4 Cervical Spine Alignment	
	Step 5 Shoulder Height	
	Step 6 Muscle Bulk and Tone	
	Step 7 Scapular Adduction and Abduction	
	Step 8 Inferior Angle of the Scapula	
	Step 9 Rotation of the Scapula	
	Step 10 Winging of the Scapula	

Left side		Right side
	Step 11 Thoracic Spine 	
	Step 12 Thoracic Cage 	
	Step 13 Skin Creases 	
	Step 14 Upper Limb Position 	
	Step 15 Elbow Position 	
	Step 16 Hand Position 	
	Step 17 Other Observations 	
LOWER BODY		
	Step 1 Lumbar Spine 	
	Step 2 Pelvic Rim 	
	Step 3 PSIS 	

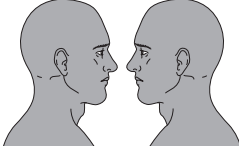
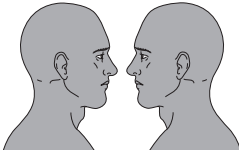
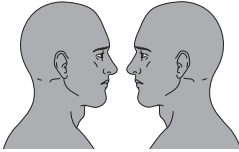
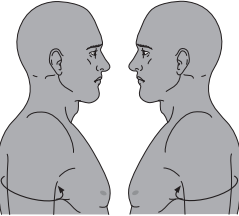
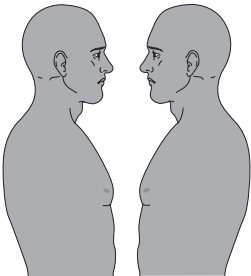
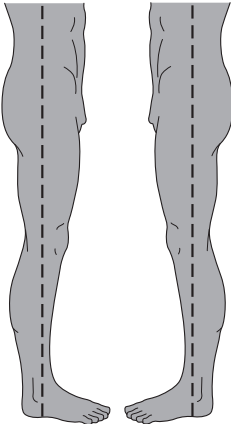
»continued

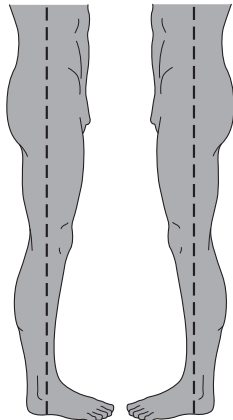
»continued

LOWER BODY	
Left side	Right side
Step 4 Pelvic Rotation	 A top-down anatomical diagram of the pelvis. The right leg is rotated inward towards the midline, while the left leg remains in a neutral position.
Step 5 Buttock Crease	 A posterior view of a human torso and hips. A horizontal dashed line is drawn across the buttocks to indicate the crease.
Step 6 Thigh Bulk	 A posterior view of a human torso and legs. A horizontal shaded band is drawn across the upper thighs to represent bulk.
Step 7 Genu Varum and Genu Valgum	
Step 8 Posterior Knees	
Step 9 Calf Bulk	 A posterior view of a human torso and legs. A horizontal shaded band is drawn across the lower legs (calfs) to represent bulk.

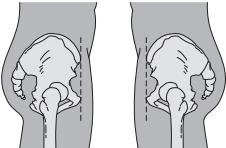
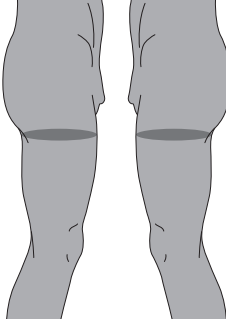
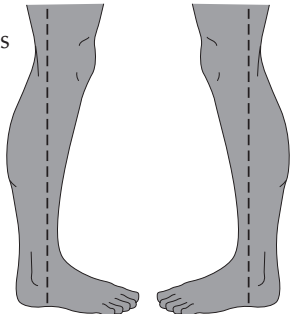
Left side		Right side
	Step 10 Calf Midline 	
	Step 11 Achilles Tendon 	
	Step 12 Malleoli 	
	Step 13 Foot Position 	
	Step 14 Other Observations	

LATERAL POSTURAL ASSESSMENT CHART

UPPER BODY	
Right side	Left side
Step 1 Head Position	
Step 2 Cervical Spine	
Step 3 Cervico- thoracic Junction	
Step 4 Shoulder Position	
Step 5 Thorax	
Step 6 Abdomen	

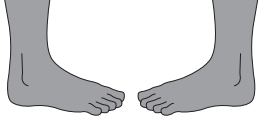
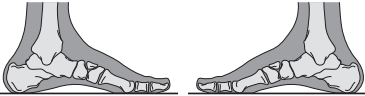
Right side		Left side
	<p data-bbox="576 338 677 428">Step 7 Lumbar Spine</p> 	
	<p data-bbox="576 785 807 842">Step 8 Other Observations</p>	

LOWER BODY


	<p data-bbox="576 963 659 1020">Step 1 Pelvis</p> 	
	<p data-bbox="576 1138 674 1228">Step 2 Muscle Bulk</p> 	
	<p data-bbox="576 1491 659 1547">Step 3 Knees</p> 	

»continued

»continued



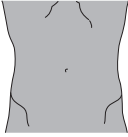
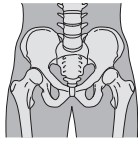
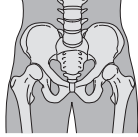


LOWER BODY		
Right side		Left side
	Step 4 Ankles 	
	Step 5 Feet 	
	Step 6 Other Observations	


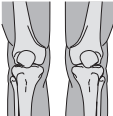
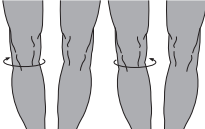
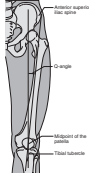
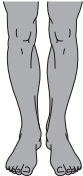
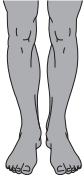
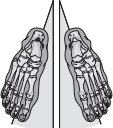

ANTERIOR POSTURAL ASSESSMENT CHART

UPPER BODY		
Right side		Left side
	Step 1 Face	
	Step 2 Head Position	
	Step 3 Muscle Tone	
	Step 4 Clavicles	
	Step 5 Shoulder Level	
	Step 6 Rounded Shoulders	
	Step 7 Chest	
	Step 8 Carrying Angle	

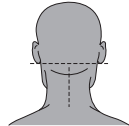
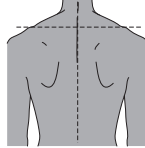
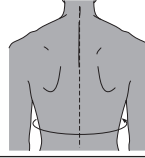
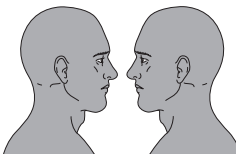
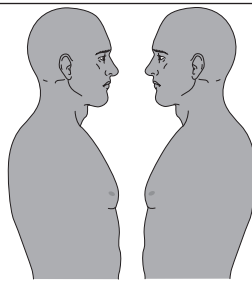
»continued

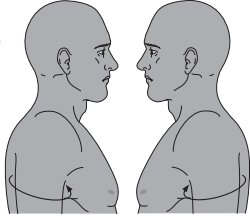
»continued

UPPER BODY		
Right side		Left side
	Step 9 Arms 	
	Step 10 Hands and Wrists 	
	Step 11 Abdomen 	
LOWER BODY		
	Step 1 Lateral Pelvis 	
	Step 2 Rotated Pelvis 	
	Step 3 Stance 	
	Step 4 Muscle Bulk 	

Right side		Left side
	<p>Step 5 Genu Valgum and Genu Varum</p> 	
	<p>Step 6 Patellar Position</p> 	
	<p>Step 7 Rotation at the Knee</p> 	
	<p>Step 8 The Q angle</p> 	
	<p>Step 9 Tibia</p> 	
	<p>Step 10 Ankles</p> 	
	<p>Step 11 Foot Position</p> 	
	<p>Step 12 Pes Planus and Pes Cavus</p> 	
	<p>Step 13 Other Observations</p>	

SEATED POSTURAL ASSESSMENT CHART

POSTERIOR VIEW		
Left side		Right side
	Step 1 Head and Neck Position	
	Step 2 Shoulder Height	
	Step 3 Thorax	
	Step 4 Hip and Thigh Position	
	Step 5 Foot Position	
LATERAL VIEW		
	Step 1 Head and Neck Position	
	Step 2 Thorax	

Left side		Right side
	<p data-bbox="576 338 692 428">Step 3 Shoulder Position</p> 	
	<p data-bbox="576 569 928 632">Step 4 Lumbar Spine, Pelvis and Hips</p>	
	<p data-bbox="576 695 662 758">Step 5 Knees</p>	



Answers to Quick Questions

Chapter 1

1. Factors that affect posture are structural or anatomical, age, physiological, pathological, occupation, hobbies and recreation, environmental, social and cultural, and mood and emotion.
2. Reasons for performing a postural assessment are to get more information, to save time, to establish a baseline, and to treat holistically.
3. A postural assessment might not be appropriate when treating an anxious client; a client unable to stand because of pain, illness, or instability; a client who does not understand the purpose of the assessment or who does not give consent to having one performed; or a client who would benefit from a different form of assessment, more appropriate to his condition (e.g., Parkinson's disease or following a stroke).
4. In most cases, it is important to take a medical history before carrying out a postural assessment because information may be revealed that affects whether the assessment is appropriate and safe.
5. When analysing various parts of the body and how they fit together, it is important to always take an overall view of the client because all parts are interrelated. Patients dislike being referred to as 'the knee' or 'the shoulder'.

Chapter 2

1. Useful equipment to have when carrying out a postural assessment includes a warm, private room; a full-length mirror; body crayons (and cleansing wipes); postural assessment charts; and a model skeleton.
2. Bony landmarks that are useful to identify before starting a posterior postural assessment include the medial border of the scapula, the inferior angle of the scapula, the spinous processes of the spine, the olecranon process of the elbow, the posterior superior iliac spine (PSIS), knee creases, the midline of the calf, and the midline of the Achilles tendon.
3. Any of the questions included in table 2.1 are suitable starting points for postural assessment.
4. A neutral pelvis is one in which the left and right iliac crests, left and right PSIS, and left and right ischia are level when the client is viewed posteriorly, and in which the ASIS and pubis are in the same vertical plane when the client is viewed laterally.
5. Possible contraindications to postural assessment include an inability to stand or sit because of pain, blood pressure issues, and poor balance. Check for allergies if using body crayons to mark bony landmarks.

Chapter 3

1. The right sternocleidomastoid, levator scapulae, scalenes and upper fibers of the trapezius all laterally flex the neck to the right.
2. Atrophy of shoulder muscles may result from immobility of the upper limb and conditions such as adhesive capsulitis (frozen shoulder).
3. *Winging* is a term often used to describe the way the inferior angle (and often the medial border) of the scapula tilts away from the rib cage, becoming prominent. True winging involves damage to serratus anterior or the long thoracic nerve.
4. Lateral flexion to the left and a left elevated pelvis suggests a shortened left quadratus lumborum muscle.
5. The midline of the calf might appear more lateral on one leg if the hip of that side is internally rotated or if the tibia on that side is rotated inwards with respect to the femur—or if both conditions exist.

Chapter 4

1. A forward head posture might increase the strain placed on the muscles of the posterior neck such as the levator scapulae, resulting in pain in the neck, shoulders and upper back.
2. Muscles that become shortened when the humerus is internally rotated include the subscapularis, teres major and pectoralis major.
3. Retaining static postures such as sitting at a desk or driving for long periods contribute to an increased kyphosis in the thorax.
4. When the pelvis tilts anteriorly, there is an increase in the lordotic curve of the lumbar spine.
5. A client who stands with flexed knees is likely to have shortened hamstrings.

Chapter 5

1. A steep incline in the angle of the clavicle indicates elevated shoulders and tension in the muscles associated with shoulder elevation.
2. The normal carrying angle of the elbow is 5 to 10 degrees in males and 10 to 15 degrees in females.
3. The common name for genu valgum is knock kneed; the common name for genu varum is bow legged.
4. There should be slight lateral tibial torsion in standing.
5. Endomorphs are commonly described as stocky or big boned; ectomorphs are described as skinny or gangly; and mesomorphs are described as athletic or muscular.

Chapter 6

1. When a client has a workstation positioned to the right, the muscles of the neck that might be shortened or have increased tone are the left sternocleidomastoid, right levator scapulae and right scalenes.
2. Some people passively shorten the muscles that elevate the shoulder by resting that arm on the windowsill of a vehicle or on the arm of a chair.
3. Crossing one leg over the other overcomes the anterior tilting of the pelvis and the increase in lumbar lordosis associated with this posture.
4. Hip flexor muscles are always shortened in the seated position.
5. Assuming that a client sits on a regular chair (and not with the legs outstretched, knees in extension), the soft tissues of the posterior knee, including the popliteus muscle, maintain a shortened position.



References

- Anderson J.E., ed. 1978. *Grant's Atlas of Anatomy*. Baltimore/London: Williams & Wilkins.
- Cloward, R.B. 1959. "Cervical Diskography." *Annals of Surgery* 150: 1052-1064.
- Earls, J., and T. Myers. 2010. *Fascial Release for Structural Balance*. Chichester, UK: Lotus, and Berkeley, CA: North Atlantic Books.
- Green, Walter B., and James D. Heckman, eds. 1993. *The Clinical Measurement of Joint Motion*. Rosemont, IL: American Academy of Orthopaedic Surgeons.
- Hanchard, N., L. Goodchild, J. Thompson, T. O'Brien, C. Richardson, D. Davison, H. Watson, M. Wragg, S. Mtopo, and M. Scott. 2011. "Evidence-Based Clinical Guidelines for the Diagnosis, Assessment and Physiotherapy Management of Contracted (Frozen) Shoulder v.1.3, 'Standard' Physiotherapy." Endorsed by the Chartered Society of Physiotherapy.
- Hertling, D., and R.M. Kessler. 1996. *Management of Common Musculoskeletal Disorders*. Philadelphia: Lippincott.
- Johnson, G., N. Bogduk, A. Nowitzke, and D. House. 1994. "Anatomy and Actions of the Trapezius Muscle." *Clinical Biomechanics* 9: 44-50.
- Kendall, F. P., E.K. McCreary, and P.G. Provance. 1993. *Muscles Testing and Function*. Baltimore: Williams & Wilkins.
- Kendall, H.O., F.P. Kendall, and D.A. Boynton. 1952. *Posture and Pain*. Baltimore: Williams & Wilkins.
- Levangie, P.K., and C.C. Norkin. 2001. *Joint Structure and Function: A Comprehensive Analysis*. Philadelphia: Davis.
- Magee, David J. 2002 *Orthopaedic Physical Assessment*. Philadelphia: Saunders.
- Myers, T. 2001. "Psoas." *Massage and Bodywork*. February/March, April/May, June/July and August/September.
- Schleip, R. 2008. *The Nature of Fascia* (DVD).



About the Author

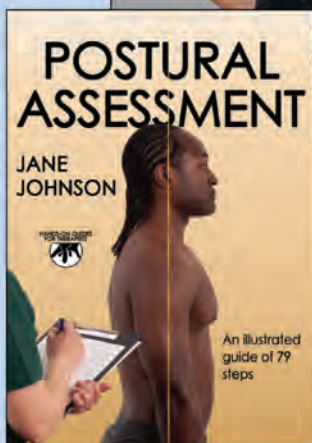
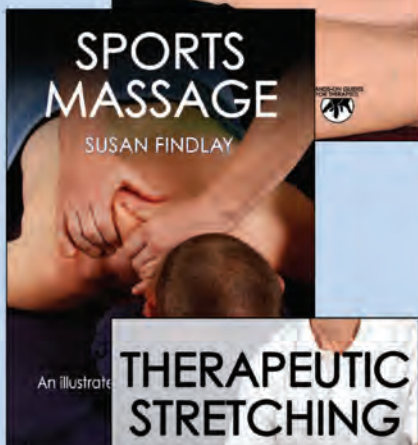


Jane Johnson, MSc, is co-director of the London Massage Company, England. As a chartered physiotherapist and sport massage therapist, she has been carrying out postural assessments for many years.

Johnson teaches postural assessment as a provider of continuing professional development (CPD) workshops for the Federation of Holistic Therapists (FHT). This experience has brought her into contact with thousands of therapists of all disciplines and helped inform her own practice. She is also a regular presenter at the annual Complementary and Massage Expo (CAM) held in the United Kingdom.

Johnson is a full member of the Chartered Society of Physiotherapists and is registered with the Health Professions Council. A member of the Institute of Anatomical Sciences, she has a deep interest in musculoskeletal anatomy and how newly qualified therapists can be better educated in this subject. She also is interested in the relationship between emotions and posture.

In her spare time, Johnson enjoys taking her dog for long walks, practicing wing chun kung fu, and visiting museums. She resides in London.



HANDS-ON GUIDES FOR THERAPISTS



The Hands-On Guides for Therapists series features specific tools for assessment and treatment that fall well within the realm of massage therapists but may be useful for other bodyworkers, such as osteopaths and fitness instructors. The guides include full-color instructional photographs, Tips sections that aid in adjusting massage techniques, Client Talk boxes that present ideas for creatively applying techniques for various types of clients, and questions for testing knowledge and skill.

For more information, visit our website at www.HumanKinetics.com.