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Upper Cross Syndrome - Reversing Pain

PRESENTED BY

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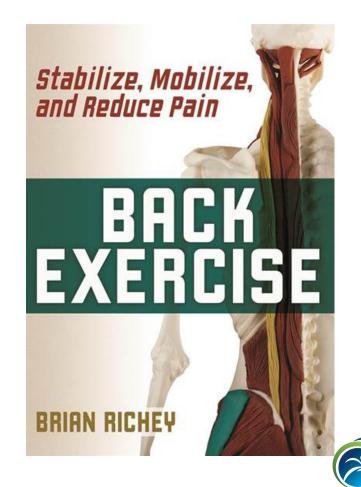
Balanced Body Faculty

Back Exercise: Stabilize, Mobilize and Reduce Pain

By Brian Richey

My new book is for anyone who has or has a client dealing with low back pain. It goes into depth on specific spinal pathologies as well as non-specific low back pain, explaining each pathology, highlighting the contraindications and prescribing specific exercise programing to train and progress them safely.





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Expectations

- » Today we are talking about Corrective Exercise not Medical Exercise.
- » If your client has a medical/spinal condition please talk to their physician before attempting any exercise.
- » We will be dealing with muscular and postural imbalances.
- » These strategies are not designed to diagnose or treat any medical condition.



Vladimir Janda

- » Clinician
- » Researcher
- » Educator
- » "Father of Rehabilitation"
- » "Discovered" Upper and Lower Cross Syndromes
- » Looking to create a systematic approach to rehabilitation



Upper Crossed Syndrome

- » Weak and Inhibited
 - » Deep Cervical Flexors
 - » Lower Traps, Serratus Anterior, Rhomboids
- » Tight and Shortened
 - » Pectoralis Major, Minor, SCM
 - » Upper Traps, Levator Scapula, Occipitals



Average Range of Motion

	A-O joint	A-A joint	Entire Cervical
	Occiput-C1	C1 – C2	
Flexion	20		65
Extension	10		40
	10		40
Lateral flexion	5		35
Rotation		35	50



Muscles of the Spine

Muscles of the Posterior Spine

- Erector spinae
 - Semispinalis capitis
 - Splenius
 - Capitis
 - Cervicis
 - Spinalis
 - Longissimus
 - Iliocostalis



Superficial Muscles of the Spine and Shoulder Girdle

Muscles of the Shoulder Girdle

- Latissimus dorsi
- Trapezius
- Levator scapulae
- Rhomboid major and minor



Joints Affected

- » Cervical
- » Scapulo-Thoracic
- » AC Joint
- » Thoracic/Ribs
- » Down the arm



Postural Changes

- » Forward Head
- » Rounded Shoulders
- » Winged Scapula
- » Increased Thoracic Kyphosis
- » Internal Rotation of Humerus
- » Secondary Changes; Increased lumbar lordosis, Ant Pelvic Tilt, Hyper-extended Knees, etc.



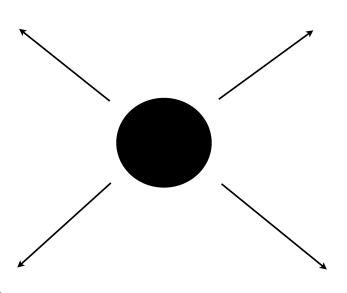
- » Forward Head Posture
- » Rounded Shoulders
- » Headaches (Occipital)
- » Winged Scapula
- » Nerve Pn down arm (elbow and wrist Pn)
- » TMJ
- » Upper Trap Pn



Strategies for Upper Crossed Syndrome

Upper Traps/Occipitals

(Release and Mobilize)



Deep Cervical Flexors

(Activate and Strengthen)

Cervical Extensors/Thoracic

(Activate and Strength)

Ant. Shoulder Girdle

(Release/Mobilize & Stabilize)



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Assess

- Visual:
 - Forward Head Posture
 - Hyper-lordiotic Cervical Spine
 - Hyper-Kyphosis
 - Rounded Shoulders
 - Hands facing posterior
 - Winged/Splayed Scapula



Assessments

• Movement:

- Against the wall; Head can't touch wall without arching.
- Against the wall-thumbs touch wall overhead (or Supine); Ribs flare or move as one, lumbar has to arch.
 OR
- Toes and Nose against wall, arms overhead, lift arms away from wall.
- Against the wall (or supine); Arms in goal post position, can they externally rotate and touch the wall with their hands.
- Chin to opposite shoulder (hands behind their back); do they have restricted ROM?



Head Against Wall

- Look to see if head can touch the wall without leaning back
- Shoulder Flexion overhead, can they touch their thumbs to the wall without arching lumbar or flaring ribs



- Arms in goal post position.
- Perform Ext. Rot.
- Can their hand touch the wall without body compensations



Toes and Nose

- Facing the wall, toes and nose touching the wall.
- With arms
 overhead, palms on
 wall, can they pull
 their hands away
 from the wall
 without rotating
 torso



Chin to Opposite Shoulder

- With hand behind their back, have them turn their head to the (right) and then try to touch their chin to their chest.
- You are looking to see any restricted ROM and symmetry. Its ok if they don't go all the way down.



Release

- Pec Minor:
 - Against a wall, using a small ball, massage your way from your sternum toward your AC joint. Focus on moving toward shoulder, not toward your Sternum
- Upper Traps
 - Using the small ball in the door jam.
 - Bend over 90 degrees (approx) and massage your traps
- Occipitals
 - Take 2 lacrosse balls or tennis balls and tape them together (or purchase a Still Point Inducer)
 - Lay down with them under your occipitals, perform small chin tucks to massage area
- Serratus Anterior
 - Using a foam roll, laying on your side, place the FR at the point where the edge of your scapula meets your ribs. Slightly roll forward.

Mobilize and Stretch

- Pecs:
 - Doorway or Corner Stretch
- Seated Neck Stretches
 - Chin to chest, hands on crown of head. Try to touch your elbows together in front of your face.
 - Ear to Shoulder. Think about pulling away not driving down.
 - Chin to opposite Shoulder. Think about pulling away not driving down.



Pec Doorway/Corner Stretch



Cervical Stretches



Scalene Stretch



Strengthen and Stabilize

- » Deep Cervical Flexors & Rotators
 - » Neck Statue Work
 - » Togu Ball Retraction
 - » Togu Ball Chin Tuck (Head nods)
 - » Togu Ball Rotations
 - » (Advanced) Head 1 inch lift
 - » Prone Head Retraction



Cervical Statue

- Seated, with partner standing behind
- Tell client "Don't let me move you"
- Gently (less than 1 lb.) apply quick pressure to all sides of head
- Focus on quickness not on increasing pressure



Togu Ball Work



1 Inch Head Lift

- Lying supine, neck in neutral position
- Lift head 1 inch off ground/pillow
- Not more than an inch or two max



Prone Head Retraction



Scapular Work

- Prone Scapular Retraction
- Resistance Band Retraction
- Toes and Nose
- Superman Arms



- In a plank (floor/table)
- Allow the chest to fall, then using your serratus press your elbows into the ground.
- Do not over-protract your shoulders



Prone Scapular Retraction Holds

- Lying prone, hands by sides forehead supported
- Initiate with a squeeze between scapulas "Open your collarbones"
- Lift arms, focus is on squeezing not lifting, I don't care how high they lift their arms



Band Retraction w/ Pulses

- With band secured around an object or knees
- Focus on retracting scapulas and not how far the arms go back



Toes and Nose

- Against a wall, arms overhead
- Pull one are back at a time without rotating torso.
- Perform both unilateral and bilaterally



Superman (Upper Body Only)

- Lying prone, forehead supported
- Arms outstretch into a Y
- Lift arms. This can be done unilaterally or bilaterally



References

- Janda Compendium #1&2
- Assessment and Treatment of Muscle Imbalances-The Janda Approach
- www.jandaapproach.com





Post-Rehab Workshops in your Studio

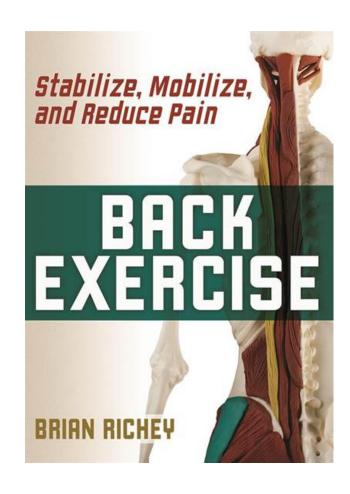
If you are interested in hosting an Post-Rehab/Medical Exercise Workshops in your facility please contact Brian at:

Brian Richey at brian@fit4lifeDC.com

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Mahalo!



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