

# **SNS COLLEGE OF PHYSIOTHERAPY**

**COIMBATORE-35**

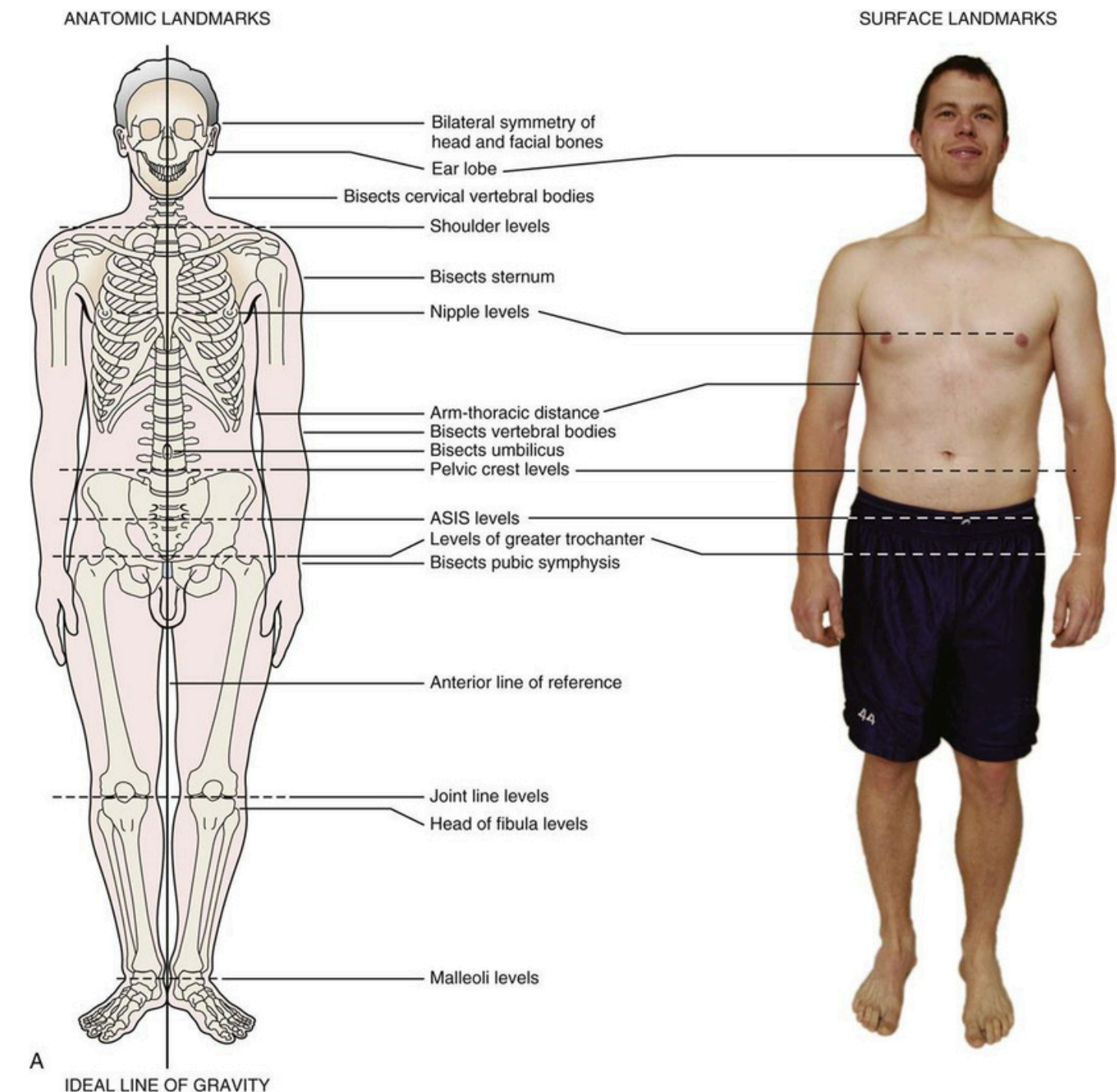
**COURSE NAME:BIOMECHANICS**

**2<sup>nd</sup> year**

**TOPIC : POSTURE**

# Empathize

- Understand the patient's concerns regarding posture
- Identify pain points: neck pain, back pain, shoulder tightness
- Observe lifestyle habits: prolonged sitting, screen use, sleeping posture
- Ask the patient about functional limitations (walking, lifting, standing)
- Build rapport and understand their goals: pain relief, aesthetics, performance



# Ideate

## Improvement

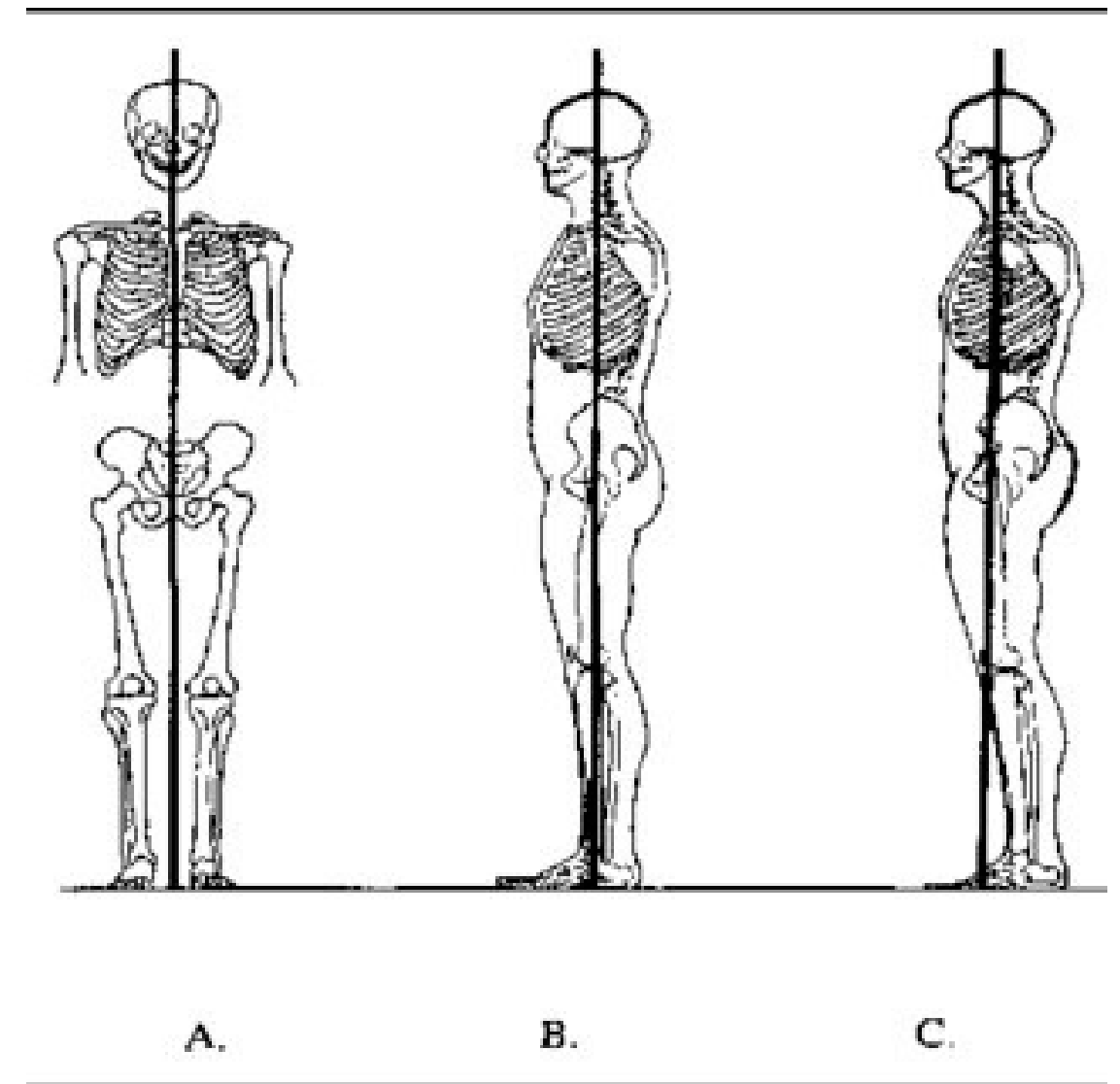
- **Brainstorm corrective approaches**
  - **Strengthening for weak muscles**
  - **Stretching for tight structures**
  - **Ergonomic modifications (chair height, desk alignment)**
- **Consider movement retraining**
- **Identify posture cues: “Shoulders back,” “Neutral pelvis,” “Head over spine”**
- **Think about long-term solutions: habit formation, exercise programs**

# Define & Explain

- **Optimal AP view: symmetry of joints**
- **Head centered, shoulders level, spine straight**
- **Pelvis level, knees aligned, feet pointing forward**
- **Optimal Lateral view: gravity line alignment**
- **LOG through: ear → shoulder → hip → slightly anterior to knee → slightly anterior to ankle**
- **Define common deviations: scoliosis, kyphosis, lordosis, forward head posture**

# Optimal Alignment in AP View

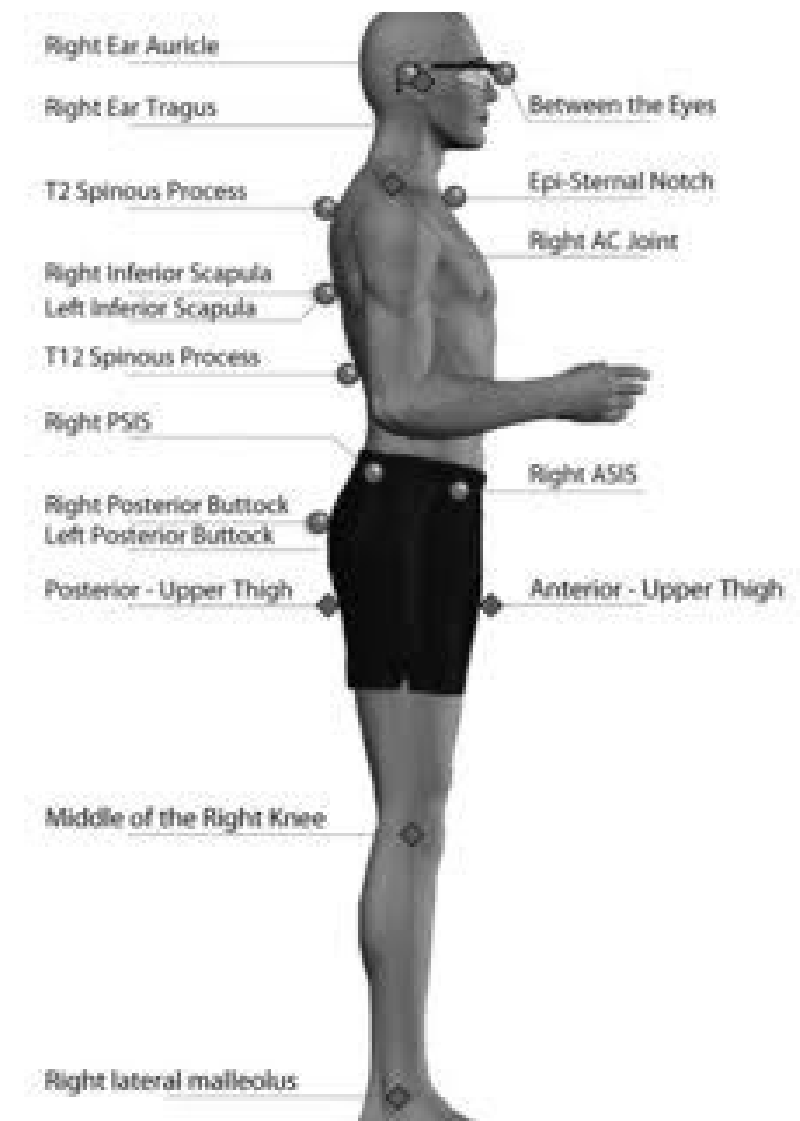
- Head centered on the midline
- Shoulders level and symmetrical
- Scapulae flat against thoracic wall
- Pelvis level without tilt or rotation
- Knees straight and equally spaced
- Feet pointing forward, weight distributed evenly





# Optimal Alignment in Lateral View

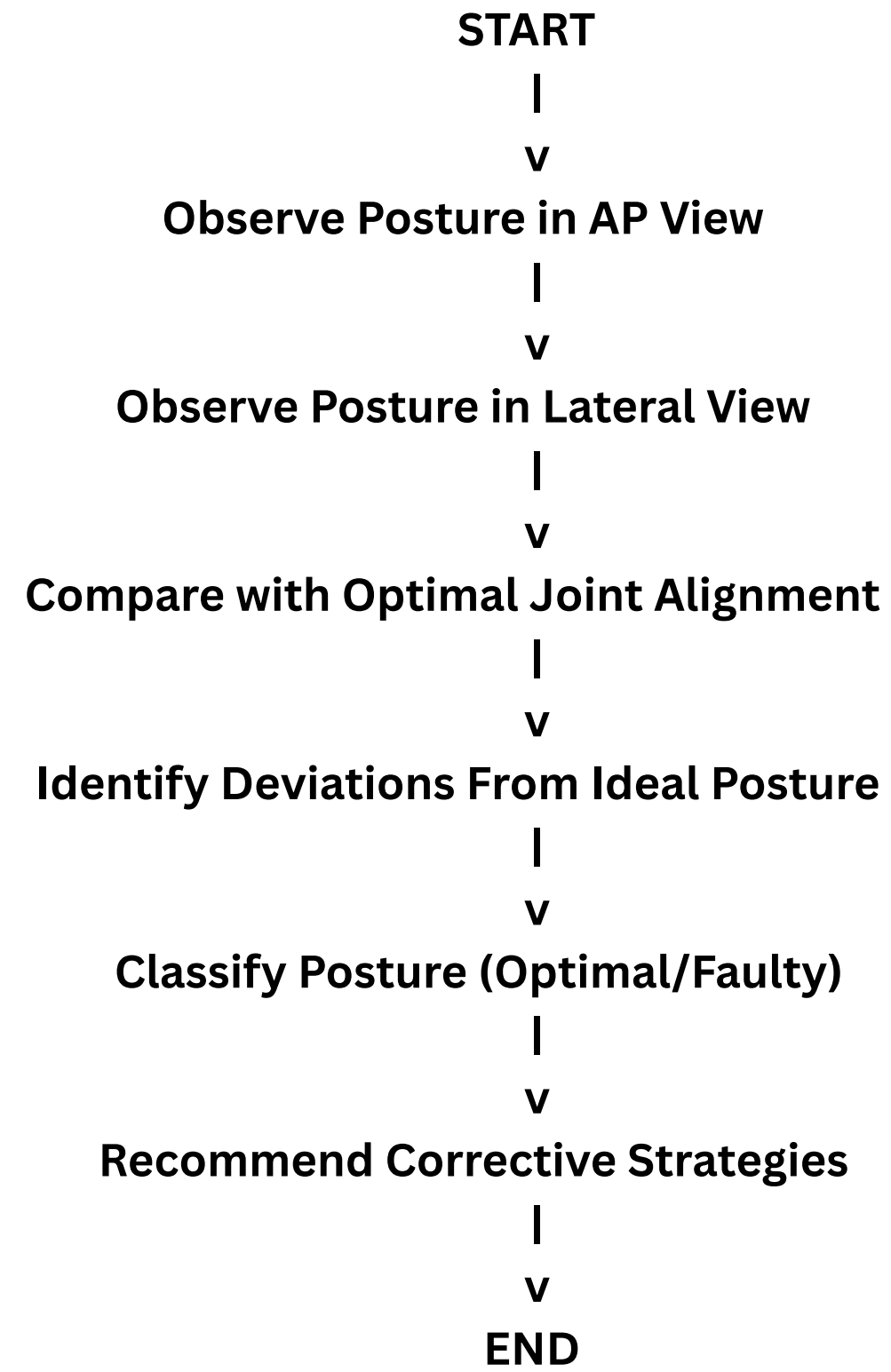
- Gravity line passes through:
- External auditory meatus
- Shoulder joint
- Through or slightly posterior to hip joint
- Slightly anterior to knee joint
- Slightly anterior to ankle joint
- Neutral spine curves: cervical lordosis, thoracic kyphosis, lumbar lordosis
- Chin level, abdomen flat, pelvis in neutral tilt



# Posture Analysis: AP View

- **Look for side-to-side asymmetry**
- **Shoulder height difference**
- **Pelvic obliquity**
- **Lateral spinal deviation (scoliosis)**
- **Check knee alignment: valgus, varus**
- **Inspect foot orientation: pronation, supination**
- **Ensure equal weight distribution on both limbs**

# Flow Chart (Roadmap)





# MCQs

1. In AP view, optimal posture includes:
  - A. Uneven shoulders
  - B. Level pelvis ✓
  - C. Lateral trunk shift
  - D. Pronated feet
2. The gravity line in the lateral view normally passes:
  - A. Posterior to ankle
  - B. Slightly anterior to knee ✓
  - C. Behind ear
  - D. Far anterior to hip
3. A common deviation seen in lateral posture is:
  - A. Pelvic obliquity
  - B. Forward head posture ✓
  - C. Shoulder elevation
  - D. Varus knees

# MCQs

4. In AP posture analysis, a clear deviation is:
- A. Level shoulders
  - B. Straight spine
  - C. Pelvic tilt ✓
  - D. Forward-facing feet
5. Ideal lateral alignment includes:
- A. Hyperextended knees
  - B. LOG through ear and shoulder ✓
  - C. Excessive lumbar lordosis
  - D. Posteriorly shifted pelvis
6. Which is true regarding optimal AP alignment?
- A. Scapular winging is normal
  - B. Knees should be symmetrical ✓
  - C. One hip should be elevated
  - D. Toes should point outward