

SNS COLLEGE OF PHYSIOTHERAPY

COIMBATORE-35

COURSE NAME: BIOMECHANICS

2nd year

TOPIC: POSTURE

Empathize

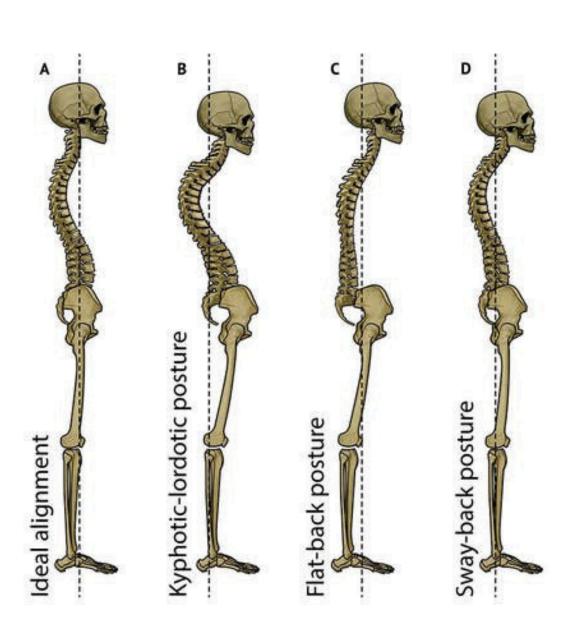


- Understand patient concerns regarding foot, spine, or gait abnormalities
- Identify symptoms: pain, fatigue, imbalance, difficulty walking
- Ask about daily habits: footwear, prolonged standing, sports activities
- Explore functional limitations: running issues, back pain, posture discomfort
- Understand patient goals pain-free standing, normal foot function, improved posture

Ideate



- Strengthen weak muscles (intrinsic foot muscles, spinal extensors, core)
- Stretch tight structures (calf muscles, hip flexors, pectorals)
- Recommend corrective orthotics (arch supports, toe spacers)
- Consider posture training & gait retraining
- Explore ergonomic and footwear modifications
- Develop long-term home exercise routines



Define & Explain

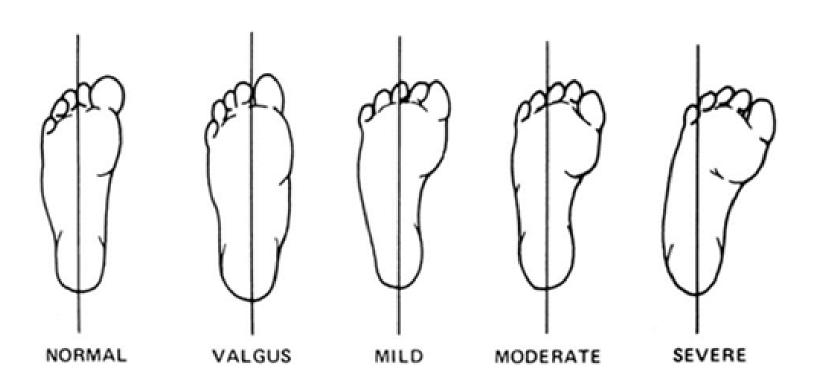


- Pes Planus (Flat Foot): dropped medial arch → pronation
- Pes Cavus: excessively high arch → rigid foot
- Hallux Valgus: lateral deviation of great toe → bunion formation
- Idiopathic Scoliosis: lateral spinal curvature without known cause
- Kyphosis: exaggerated thoracic flexion curvature
- Lordosis: excessive lumbar extension curvature

FOOT DEVIATIONS



- 1. Pes Planus (Flat Foot)
- Medial arch collapse
- **Excessive pronation**
- Causes: ligament laxity, weak tibialis posterior
- Effects: knee valgus, fatigue, pain
 - 2. Pes Cavus (High Arch)
 - Rigid, supinated foot
- Poor shock absorption
- Causes: neuromuscular imbalance
- Effects: ankle sprains, metatarsal pain
 - 3. Hallux Valgus
- Lateral deviation of great toe
- Medial bunion formation
- Causes: genetics, narrow footwear
- Effects: pain, gait alteration



SPINAL DEVIATIONS



1. Idiopathic Scoliosis

Lateral curvature with rotation

Unknown cause

Rib hump visible on forward bend

May cause asymmetry & pain

2. Kyphosis

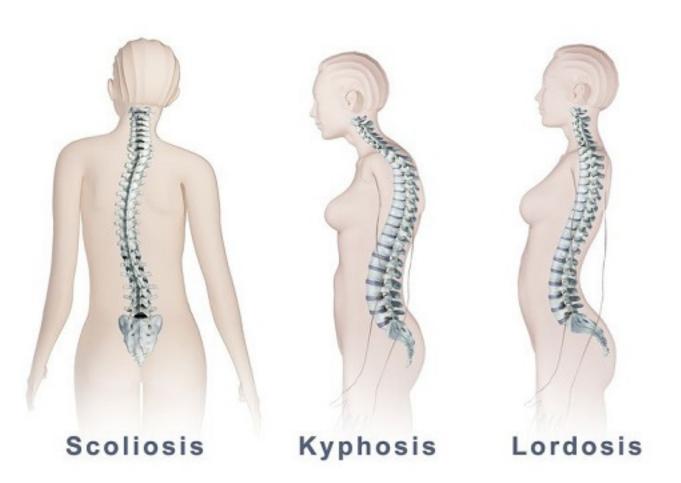
Excessive thoracic flexion

Causes: poor posture, osteoporosis, Scheuermann's disease

Effects: rounded shoulders, breathing difficulty

3. Lordosis

- Excessive lumbar extension
- Causes: weak abdominals, tight hip flexors, obesity
- Effects: low back pain, anterior pelvic tilt

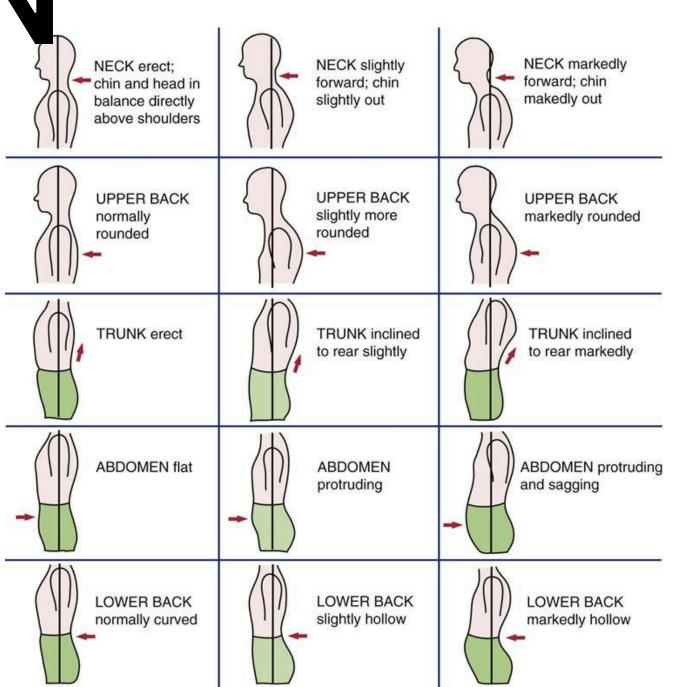


EFFECTS ON POSTURE &



FUNCTION

- Alter weight distribution
- Change muscle activation patterns
- Cause compensatory posture: hip drop, knee valgus, pelvic tilt
- Increase joint stress → long-term deformity
- Affect balance, gait, and stability



FLOWCHART



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START
         Identify Deviation (Foot/Spine)
      Observe Alignment & Mobility Issues
Compare With Normal Foot & Spinal Curvatures
    Determine Severity & Functional Impact
      Plan Correction: Exercises + Supports
                        END
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MCQS



- 1. Pes planus is characterized by:
 - A. High medial arch
 - B. Collapsed medial arch 🗸
 - C. Excessive supination
 - D. Rigid foot structure
 - 2. Hallux valgus involves:
- A. Medial deviation of great toe
- B. Lateral deviation of great toe 🗸
 - C. Varus heel
 - D. Supinated foot posture
- 3. Excessive thoracic curvature refers to:
 - A. Lordosis
 - B. Kyphosis 🗸
 - C. Scoliosis
 - D. Pes cavus





- 4. Pes cavus typically results in:
 - A. Hyperpronation
 - B. Rigid high arch 🗸
 - C. Medial arch collapse
 - D. Toe valgus deformity
- 5. Idiopathic scoliosis commonly presents with:
 - A. Flat lumbar spine
 - B. Lateral curvature with rotation
 - C. Posterior pelvic tilt
 - D. Excessive ankle pronation
 - 6. Excessive lumbar lordosis is often due to:
 - A. Tight hamstrings
 - B. Weak calf muscles
 - C. Tight hip flexors
 - D. Strong abdominals