



## Live Postural Correction Class

### *Conclusion and Post-Postural Assessment*

**Please ensure you have completed all six classes of the Ergo 101 series via SABA prior to registering for the Live Postural Correction Series.**

Welcome to our live Postural Correction Series! This is a 6 class series that will provide a pre- and post-assessment of your posture and provide you the tools to correct your posture on your own.

It's important to take the classes in order and with a week between each class. This will give you ample time to work on the concepts you have learned in the class and have the best chance at correcting your posture.

Class Outline:

- Class 1: Intro, Review of Ergo 101, Initial Posture Assessments
- Class 2: Core Stabilization
- Class 3: Upper Crossed Syndrome
- Class 4: Lower Crossed Syndrome
- Class 5: Extremities and Self-Myofascial Release
- **Class 6: Conclusion and Post-Postural Assessment**

Assessment of Goal:

Below are some questions you can use to assess the goal you set for yourself at the beginning of the class series. Take this time to reflect and celebrate your progress thus far.

What went well?

What could have been done differently?

Which technique worked best in correcting your posture?

How does your body feel now compared to 6 weeks ago?

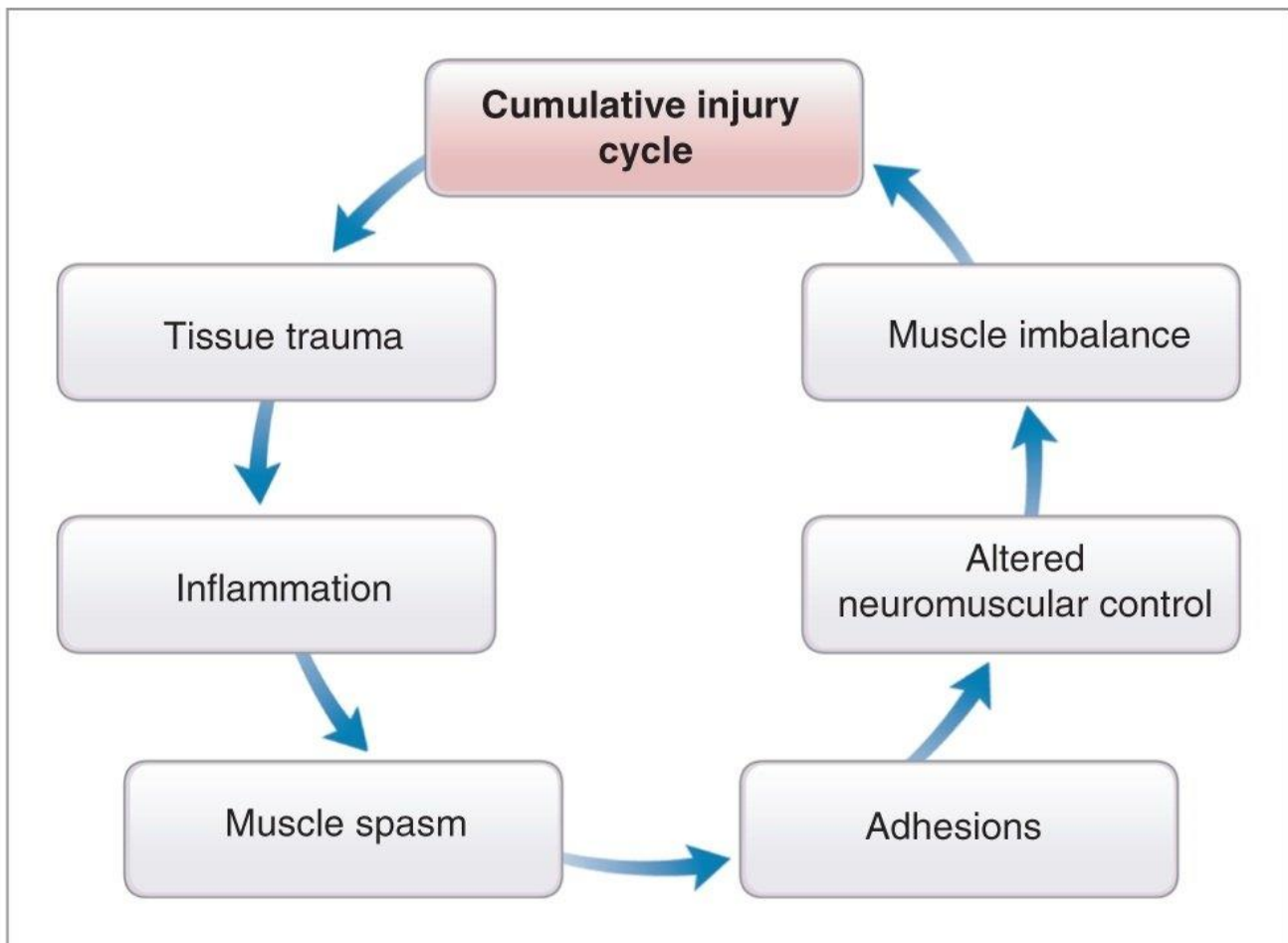
Have you noticed any other changes since beginning this series?

Remind yourself of your goal here:



## Self-Myofascial Release (SMR) – Reference NASM

- SMR focuses on the neural and fascial systems in the body that can be negatively influenced by poor posture, repetitive motions, or dysfunctional movements
- These mechanically stressful actions are recognized as an injury by the body, initiating a repair process called the Cumulative Injury Cycle. This cycle follows a path of inflammation, muscle spasm, and the development of soft tissue adhesions that can lead to altered neuromuscular control and muscle imbalance
- The adhesions reduce the elasticity of the soft tissues and can eventually cause a permanent change in the soft tissue structure, referred to as Davis's Law. SMR focuses on alleviating these adhesions (also known as "trigger points" or "knots") to restore optimal muscle motion and function
- When the pressure of the body against the foam roller is sustained on the trigger point, the GTO will "turn off" the muscle spindle activity allowing the muscle fibers to stretch, unknot, and realign



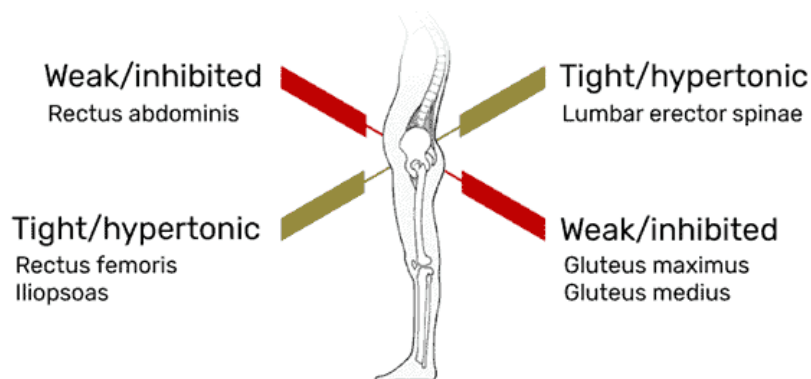
Remind yourself of your goal here:



## Lower Crossed Syndrome (pelvic crossed syndrome)

- Lower crossed syndrome (LCS) is the result of muscle strength imbalances in the lower body. These imbalances occur when muscles are constantly shortened or lengthened in relation to each other.
- Characterized by specific patterns of muscle weakness and tightness that cross between the dorsal and the ventral sides of the body.
- There is over activity and hence tightness of hip flexors and lumbar extensors. Along with this there is underactivity and weakness of the deep abdominal muscles on the ventral side and of the gluteus maximus and medius on the dorsal side.
- The hamstrings are frequently found to be tight in this syndrome as well. This imbalance results in an anterior tilt of the pelvis, increased flexion of the hips, and hyper-lordosis in the lumbar spine.

## Lower crossed syndrome



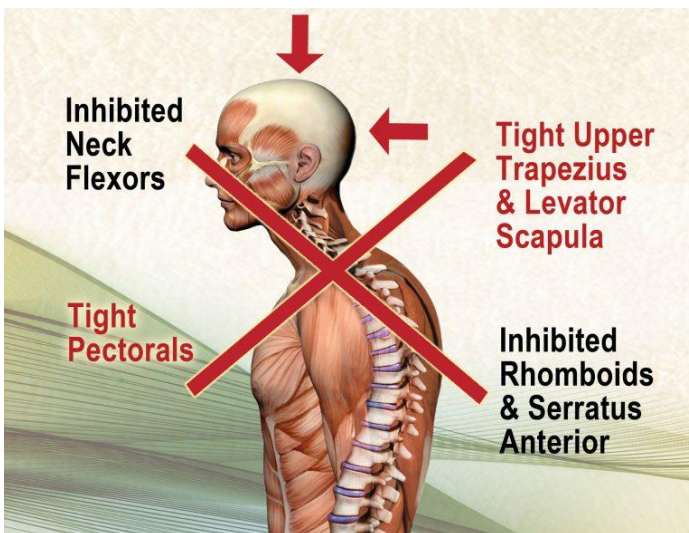
## Upper Crossed Syndrome

- Upper-crossed syndrome (UCS) is also referred to as proximal or shoulder girdle crossed syndrome. In UCS, tightness of the upper trapezius and levator scapula on the dorsal side crosses with tightness of the pectoralis major and minor.

Remind yourself of your goal here:



- Weakness of the deep cervical flexors, ventrally, crosses with weakness of the middle and lower trapezius.
- Implications: forward head posture, increased cervical lordosis and thoracic kyphosis, elevated and protracted shoulders, and rotation or abduction and winging of the scapulae.
- Exposure of the human body to gravity forces, e.g., when standing or walking, is necessary to ensure proper activity of the skeletal muscles responsible for maintaining good body posture.
- When these muscles are not stimulated regularly (during prolonged sitting or lying) their stabilizing function is disturbed resulting in muscular weakness and atrophy



#### Diaphragmatic Breathing:

Diaphragmatic breathing, or “belly breathing,” involves fully engaging the stomach, abdominal muscles, and diaphragm when breathing. This means actively pulling the diaphragm down with each inward breath. In this way, diaphragmatic breathing helps the lungs fill more efficiently.

- Inhale > push your belly out
- Exhale > contact belly

#### Three Point Contact:

- The back of your head; make sure your nose and gaze point straight up towards the ceiling (if you’re lying down) or to the line of the horizon (if you’re standing, kneeling or sitting).

Remind yourself of your goal here:



- The space between shoulder blades, your bra strap line, or the area of the lowest rib pair.
- The lower part of the sacrum, very close to the tailbone.

Neutral Posture:

- Ears, shoulders, elbows, hips, knees, ankles
- The weight of the spine is evenly distributed across each vertebral disc
- Maintain the curves > Cervical, Thoracic, Lumbar
- Body is most efficient in neutral posture, our bodies WANT to be in neutral posture

Remind yourself of your goal here: