



WELLPATH'S HEALTHY BACK CHALLENGE

EVALUATING POSTURE

THIS ACTIVITY WILL HELP YOU TO EVALUATE YOUR POSTURE, BECOME MORE CONSCIOUS OF YOUR POSTURE, AND PROVIDE INFORMATION FOR AN EXERCISE PROGRAM (PREVENTIVE OR CORRECTIVE).

POSTURE IS THE RELATIONSHIP AMONG BODY PARTS, WHETHER STANDING, LYING, SITTING OR MOVING. GOOD POSTURE ALLOWS YOU TO FUNCTION MOST EFFECTIVELY, WITH THE LEAST EXPENDITURE OF ENERGY AND WITH A MINIMAL AMOUNT OF STRESS AND STRAIN ON THE BODY. GOOD POSTURE HELPS TO DISTRIBUTE THE "LOAD" EVENLY BETWEEN YOUR MUSCLES AND SKELETON.

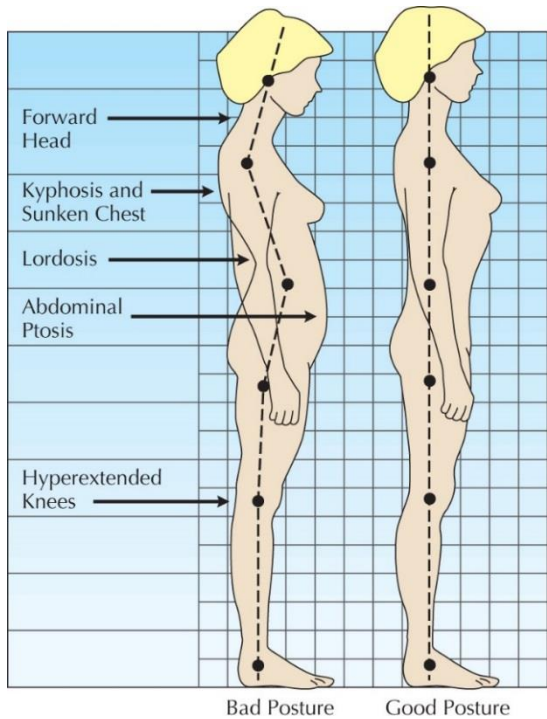
INSTRUCTIONS: DEPENDING ON THE TESTING SITE, WEAR TIGHT FITTING CLOTHING OR AS LITTLE CLOTHING AS POSSIBLE (SUCH AS A BATHING SUIT). WORK WITH A PARTNER(S).

- CREATE A VERTICAL PLUMB LINE: CHECK OUT A PLUMB BOB FROM WELLPATH, USE A DOORWAY, WINDOW PANE OR OTHER REFERENCE POINT WHICH IS LIKELY TO BE PLUMB.
- HAVE THE PERSON WHO IS HAVING THEIR POSTURE BEING ASSESSED STAND BY THE VERTICAL PLUMB LINE TO BE ASSESSED IN THE SIDE-VIEW. USE THE CHART & FIGURE TO LOOK FOR ANY DEVIATIONS AND ESTIMATE THE SEVERITY USING THE POINT SCALE PROVIDED.
- CALCULATE AND RECORD YOUR "POSTURE SCORE" AND USE THE *POSTURE RATING SCALE* TO RATE YOUR POSTURE.

Deviations will be rated as follows:

None = 0
Slight = 1 point
Moderate = 2 points
Severe = 3 points.

Posture evaluation adapted from: Corbin, C., Welk, G., Corbin, W., & Welk, K.: ***Concepts of Fitness & Wellness: A Comprehensive Lifestyle Approach.***, 9th edition, McGraw Hill: NY, New York 2011. P223-239.



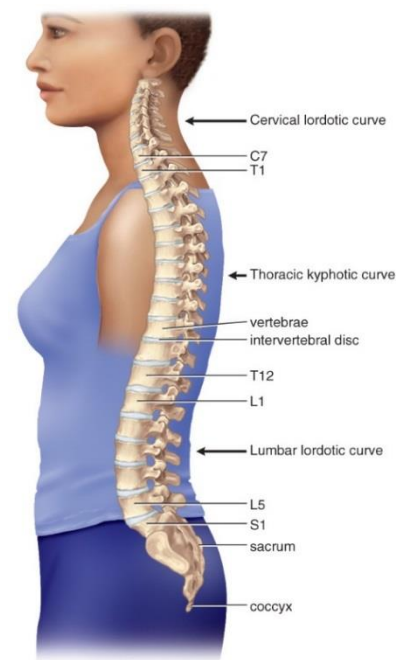
HEAD: THE HEAD SHOULD BE CENTERED OVER THE TRUNK. THERE SHOULD BE A SLIGHT, NORMAL, INWARD CURVE TO THE CERVICAL AND LUMBAR SPINE (NECK). THE MOST TYPICAL VARIATION IS THE *FORWARD HEAD* BUT THE HEAD CAN BE TOO FAR BACK AS WELL. RATE ANY DEVIATION YOU MIGHT SEE.

SHOULDERS: THE SHOULDERS SHOULD BE DOWN AND BACK BUT RELAXED, WITH THE CHEST HIGH AND ABDOMEN FLAT. THERE SHOULD BE A NORMAL INWARD CURVATURE OF THE THORACIC SPINE THAT IS NECESSARY FOR GOOD POSTURE AND BODY MECHANICS.

LUMBAR CURVE: THERE SHOULD BE A SLIGHT “S-CURVE” TO THE SPINE. A “NEUTRAL” SPINE IN GOOD POSTURE IS BALANCED AND RELAXED (LESS MUSCLE TENSION) AND THERE ISN’T TOO MUCH OR TOO LITTLE LORDOTIC CURVATURE. IF THE PELVIS IS TIPPING FORWARD IT CAN CAUSE “LORDOSIS” OR EXTREME FORWARD CURVE OF THIS AREA OF THE SPINE. IF THE PELVIS IS TIPPED ABNORMALLY BACKWARD IT CAN CAUSE A FLATTENED APPEARANCE OF THIS AREA OF THE LUMBAR SPINE.

ABDOMINAL: THERE SHOULD BE A FLATTENING OF THE ABDOMINAL AND THE UMBILICUS (BELLY BUTTON) SHOULD BE ABOVE THE LEVEL OF THE ILIAC CREST. WHEN THERE IS INCREASES ABDOMINAL FAT STORES COUPLED WITH WEAK ABDOMINAL MUSCLES THERE IS AN EXCESSIVE PROTRUSION OF THE ABDOMEN (ABDOMINAL PTOSIS). IT MAY APPEAR THAT THE ABDOMEN HAS SHIFTED DOWNWARD OR IS DROOPING.

KNEES: THE KNEES SHOULD BE RELAXED, WITH THE KNEECAPS POINTED STRAIGHT AHEAD. THE KNEE JOINT SHOULDN’T BE LOCKED, WHICH APPEARS AS A FLAT BACK OF THE KNEE OR EVEN A SLIGHT BACKWARD BEND OF THE KNEE (**HYPEREXTENDED**).





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POSTURE EVALUATION SCORING SHEET.

STANDING POSTURE EVALUATION SIDE VIEW		POINTS:
HEAD: (FORWARD)		
SHOULDERS: (ROUNDED)		
LUMBAR CURVE: (LORDOSIS)		
ABDOMEN: (PTOSIS)		
KNEES: (HYPEREXTENDED)		
TOTAL POINTS		

Deviations will be rated as follows:

None = 0
Slight = 1 point
Moderate = 2 points
Severe = 3 points.

STANDING POSTURE EVALUATION RATING SCALE	
CLASSIFICATION:	TOTAL SCORE:
EXCELLENT	0-3
VERY GOOD	4-6
GOOD	7-9
FAIR	10-12
POOR	12+



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HEALTH PROBLEMS ASSOCIATED WITH POOR POSTURE		
EVALUATION FINDING	DEFINITION	HEALTH CONSEQUENCE:
FORWARD HEAD	THE HEAD ALIGNED IN FRONT OF THE CENTER OF GRAVITY.	HEADACHE, DIZZINESS, PAIN IN THE NECK, SHOULDERS, ARMS OR BACK.
KYPHOSIS	EXCESSIVE CURVATURE (FLEXION) IN THE UPPER BACK; ALSO CALLED "HUMPBACK."	IMPAIRED RESPIRATION AS A RESULT OF SUNKEN CHEST AND PAIN IN THE NECK, SHOULDERS AND ARMS.
LUMBAR LORDOSIS	EXCESSIVE CURVATURE (HYPEREXTENSION) IN THE LOWER BACK ("SWAY BACK") WITH A FORWARD PELVIC TILT	BACK PAIN &/OR INJURY, PROTRUDING ABDOMEN, LOW BACK SYNDROME & PAINFUL MENSTRUATION
FLAT BACK	REDUCED CURVATURE IN THE LOWER BACK	BACK PAIN, INCREASED RISK FOR INJURY DUE TO REDUCED SHOCK ABSORPTION OF THE SPINE.
ABDOMINAL PTOSIS	EXCESSIVE PROTRUSION OF THE ABDOMEN	BACK PAIN &/OR INJURY, LORDOSIS, LOW BACK SYNDROME, & PAINFUL MENSTRUATION.
HYPEREXTENDED KNEES	THE KNEES ARE BENT BACKWARD EXCESSIVELY	GREATER RISK FOR KNEE INJURY & EXCESSIVE PELVIC TILT (LORDOSIS)
PRONATED FEET	THE LONGITUDINAL ARCH OF THE FOOT FLATTENED WITH INCREASE PRESSURE ON THE INNER ASPECT OF FOOT	DECREASED SHOCK ABSORPTION, PAIN IN FEET, KNEES &/OR LOWER BACK.