

Dennis Cline Massage

For an appointment call (512) 788-2601 located at 1006 Rock St., Georgetown, TX
Go to www.massagefromdennis.com for more information

The first step in massage is to assess what is the cause of your pain. If the cause is something massage won't help, you will be referred to a doctor or chiropractor that can help you.

Erik Dalton, Ph.D.

Head forward Posture - Article as seen in Massage Today Magazine May 2010

"For every inch of Forward Head Posture, it can increase the weight of the head on the spine by an additional 10 pounds." -Kapandji, Physiology of Joints, Vol. 3

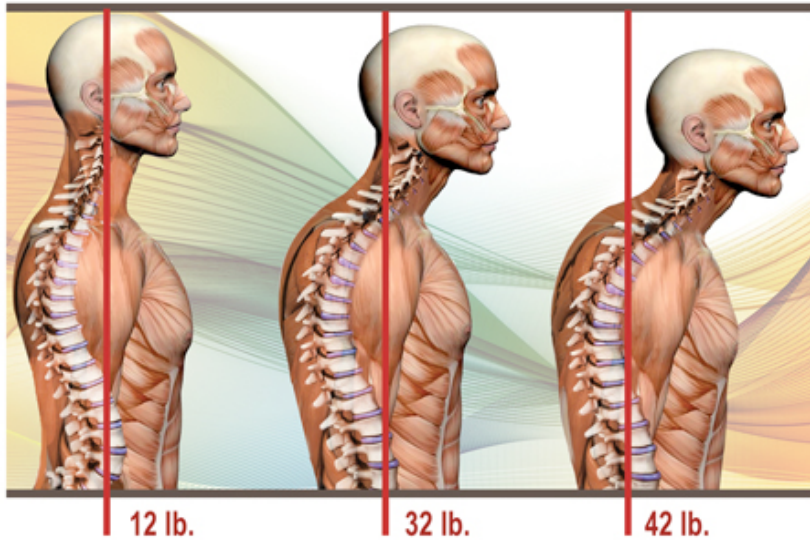


Figure 1

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It's not uncommon to have clients walk into your office sporting a 12 pound head that's migrated three inches forward of their shoulders. You know prior to palpation that their cervical extensors (semispinalis, splenii, longissimus and upper traps) are in a losing battle attempting to isometrically restrain 42 pounds against the unrelenting force of gravity (**Figure 1**).

Rene Cailliet M.D., former director of the department of physical medicine and rehabilitation at the University of Southern California wrote:

Head in forward posture can add up to thirty pounds of abnormal leverage on the cervical spine. This can pull the entire spine out of alignment.

Forward head posture (FHP) may result in the loss of 30% of vital lung capacity. These breath-related effects are primarily due to the loss of the cervical lordosis which blocks the action of the hyoid muscles, especially the inferior hyoid responsible for helping lift the first rib during inhalation.

Proper rib lifting action by the hyoids and anterior scalenes is essential for complete aeration of the lungs (Fig 2 Hyoids /ant scalenes).

The entire gastrointestinal system (particularly the large intestine) may become agitated from FHP resulting in sluggish bowel peristaltic function and evacuation.

Cailliet also states: "Most attempts to correct posture are directed toward the spine, shoulders and pelvis. All are important, but, head position takes precedence over all others. The body follows the head. Therefore, the entire body is best aligned by first restoring proper functional alignment to the head".

The effects of poor posture go far beyond just looking awkward.

In fact, the January, 2004 issue of the American Journal of Pain Management reported on the relationship of poor posture and chronic pain conditions including low back pain, neck related headaches, and stress-related illnesses. "The extra pressure imposed on the neck from poor posture flattens the normal cervical curve resulting in abnormal strain on muscles, ligaments, fascia and bones."²

Research presented at the 31st Annual International Conference of the IEEE EMBS Minneapolis, Minnesota, USA, (2009) stated; "Over time poor posture results in pain, muscle aches, tension and headache and can lead to long term complications such as osteoarthritis. Forward head carriage may promote accelerated aging of intervertebral joints resulting in degenerative joint disease."³ (Fig.3).

It appears posture impacts and modulates all bodily functions from breathing to hormonal production. Spinal pain, headache, mood, blood pressure, pulse and lung capacity are among the many conditions influenced by faulty posture.

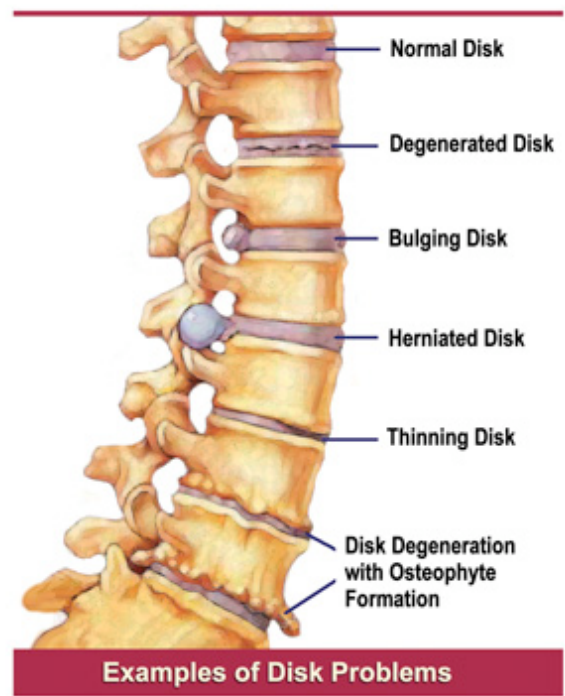


Figure 3

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Identifying Common Compensatory Patterns

Fortunately, the legendary biomedical researcher Vladimir Janda, MD has helped simplify assessment of commonly seen muscle imbalance patterns consistent with FHP. Janda's Upper Crossed Syndrome (Fig. 5) is characterized by overactivity or tightness in the upper trapezius, levator, suboccipitals, sternocleidomastoids and pectoralis major and reciprocal weakness of the deep neck flexors and lower scapular stabilizers. Trained therapists visually recognize this aberrant pattern through postural and gait analysis and kinesthetically through tissue palpation and muscle length testing. Unfortunately, as normal movement patterns are altered by persistent pain, joint fixations or muscle imbalances, new neuronal normal pathways are burned into the central nervous system and gradually memorized as (neuroplasticity). Any deviation of recruited to do the job of the prime mover. Normal head and neck movement alters precise firing order patterns causing the prime mover to be slow to activate. Substitution patterns develop as synergistic stabilizing muscles are Some believe the first step in restoring proper muscle balance is to mobilize dysfunctional joints to help reprogram these garbled neuromuscular pathways. **Once normal joint play is established and muscle splinting removed, structural integrative soft tissue work creates functional length/strength balance.**

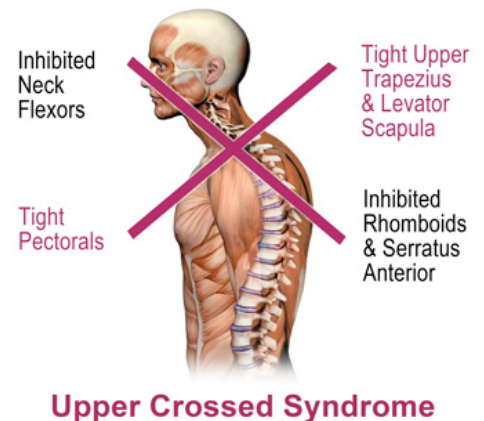


Figure 5

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Correction of Upper Crossed neck posture is key to stopping and possibly reversing decay, degenerative changes and pain from headaches, rib dysfunction, TMJ, and Dowager's Humps ...but it takes time and a concerted effort to repair the damage caused by faulty neck posture.

The following traits are often seen in those presenting with Upper Crossed Syndrome:

1. Suboccipital pain syndromes,
2. Mouth breathing (sleep apnea),
3. Difficulty swallowing,
4. Teeth clenching,
5. Face & neck pain,
6. Migraine headaches
7. Uncoordinated gait and loss of body balance