

426 – Postural Adaptation

With Steven Bruce and Robert “Skip” George

The discussion focused on postural adaptation, emphasising the integration of respiratory mechanics, anatomical asymmetries, and polyarticular muscle chains within chiropractic and broader healthcare practices.

Speaker Background and Practice Evolution:

- Described initial practice experience as traditional chiropractic involving spinal adjustments, physical therapy modalities, and basic rehabilitation.
- Shifted professional focus after experiencing dissatisfaction with repetitive care that lacked deeper patient engagement or educational value.
- Retrained extensively, incorporating diverse methods such as active release techniques, strength and conditioning coaching, and functional movement analysis.
- Became certified in and taught at the Postural Restoration Institute (PRI), a predominantly physical therapy-oriented organisation.

Core Concepts of Postural Restoration Institute (PRI):

- Founded on respiratory mechanics, neurology, and anatomical asymmetry affecting the entire musculoskeletal system.
- Highlights diaphragm function, influencing rib cage dynamics, pelvis position, and overall posture.
- Describes distinct muscle chains (e.g., left anterior interior chain and right brachial chain) contributing to common postural and functional asymmetries.

Significant Anatomical and Functional Asymmetries:

- Human body naturally asymmetrical neurologically and anatomically; asymmetry facilitates movement initiation but can lead to dysfunction if exaggerated.
- Noted right diaphragm dominance due to anatomical positioning over the liver, stronger muscular attachments, and consequent rib cage compression on the right side.
- Common presentation: left rib cage flare, compression of the right thorax, right stance dominance in gait.
- Detailed the influence of these asymmetries on diverse symptoms such as headaches, neck pain, sacroiliac joint discomfort, hip and knee pain, and temporomandibular joint dysfunction.

Clinical Assessment and Testing Methods:

- Emphasised comprehensive, tri-planar assessments, going beyond traditional static postural analysis.

- Specific diagnostic tools mentioned include:
- Modified Ober's test for femur adduction and pelvic positioning.
- Modified Thomas test, trunk rotation tests, humeral position tests, and cervical mobility evaluations.

Integration and Application in Clinical Practice:

- Advocated educating patients about their postural tendencies and respiratory patterns, thereby enhancing patient understanding and active participation.
- Recommended specific PRI-based therapeutic exercises, breathing techniques, and positional interventions to manage and correct detrimental asymmetries.

Interdisciplinary Collaboration and Integration:

- Discussed the intersection of chiropractic, physiotherapy, osteopathy, dentistry, and neurology within PRI methods, advocating a collaborative healthcare approach.
- Supported incorporating complementary therapeutic modalities and manual techniques alongside PRI methods.

Limitations and Boundaries:

- Stressed importance of knowing and working within one's competence, notably in complex conditions like paediatric care, scoliosis, and severe structural deformities.
- Highlighted necessity for appropriate referral to specialists in more complex clinical scenarios.

Reflections on Healthcare Practice and Professional Ethics:

- Critically reflected on past healthcare practices, particularly the financial incentivisation and the lack of patient-centred care models.
- Advocated for patient-centric approaches prioritising care quality over financial gain, fostering trust and effective therapeutic relationships.

Future Learning and Clinical Development:

- Emphasised ongoing professional development and training in PRI methodologies.
- Expressed interest in advancing knowledge specifically regarding respiratory mechanics' broader impact on musculoskeletal health, cranial systems, and patient emotional and psychological well-being.

Overall, the discussion provided significant insights into how integrating PRI principles could enhance clinical outcomes, improve patient education, and expand therapeutic effectiveness within musculoskeletal practices.