

Chung-M3 Posture

<https://youtu.be/QuowbDyVDRA>

1.

ClientX (my mom) is a 77 year old woman with a history of degenerative scoliosis (gradual deterioration of the facet joints, osteoarthritis of the spine), later-adult onset of chronic low back pain, and sacroiliac (SI) joint pain (Spine-health & Ullrich, 2010). She has had courses of facet joint block injections with about 30-35% improvement in pain management allowing her to function in activities of daily living and self-care. ClientX has been prescribed pain medication. From April to July (2015), she was mostly bedridden. She has improved to being able to move around the house (no stairs), and going on short outings (no driving) like grocery shopping. She does not use walker/cane. ClientX was very accommodating but declined to "wear less" clothing for this demonstration.

2.

Since April 2015, ClientX has significant muscular atrophy marked by hypotonicity due to increased amounts of time spent reclining (in bed). Although her pain management has improved, her inactivity has increased as compared to 7-12 months ago. The difference (7-12 months ago) in muscular tone is especially obvious in the thighs and upper arms--hanging skin and adipose tissue.

On her lower left leg, the achilles tendon looks shorter, broader, and less distinguishable--"the cankle" (calf-ankle). Given ClientX's history, it would not be surprising if she experienced limited dorsiflexion and some atrophy of her soleus contributing to the visual appearance of "cylindrical" lower leg (Page, Frank, & Lardner, 2010).

The left heel appears to be between "normal" and "quadratic" (suggesting weight-bearing towards the posterior-foot) according to Page et al. (2010); the right heel appears slightly "pointed" (suggesting weight-bearing towards the anterior-foot).

3.

From the anterior/posterior views, ClientX has degenerative scoliosis (single curve) with a left apex as well as contralateral pelvic obliquity (PO)--high right side to counter the scoliotic trunk shift (Radcliff et al., 2013).

The pelvis might also be slightly anteriorly tilted but it unclear from the bulk of clothing and adipose. The right shoulder is higher than the left. In standing, ClientX presents with bilateral, externally rotated femurs.

4.

Degenerative scoliosis with related pelvic obliquity is the main problem. As the pelvis and SI joint are keystone structures, this lumbopelvic dysfunction affects all the neuromuscular, myofascial, and sensorimotor chains above and below (Page et al., 2010). Such dysfunction would be a significant challenge to postural control and balance (hip and ankle strategies) (Cech & Martin, 2012).

ClientX declined surgical options including pelvic fixation (Dayer, Ouellet, & Saran, 2012) which would be further complicated by her diabetes, high blood pressure, and sedentary lifestyle. Radcliff et al. (2013) noted that the spinal-pelvic relationship is poorly understood especially when taking into consideration the complexities of compensations along the kinetic chain--cases are very individualized. ClientX also declined further physical therapy or exercise regimens. At present, she is confident about pharmaceutical pain management. The biopsychosocial aspects involved ClientX's husband (as primary caretaker), children, and friends. ClientX has had some depression from isolation, reduced social activities, and lack of independence.

References

Cech, D., & Martin, S. (2012). *Functional movement development across the life span*. St. Louis: Saunders.

Dayr, R., Ouellet, J. A., & Saran, N. (2012). Pelvic fixation for neuromuscular scoliosis deformity correction. *Current Reviews in Musculoskeletal Medicine*, 5(2), 91–101.

Page, P., Frank, C. C., & Lardner, R. (2010). *Assessment and treatment of muscle imbalance: The Janda approach*. Champaign, IL: Human Kinetics.

Radcliff, K. E., Orozco, F., Molby, N., Chen, E., Sidhu, G. S., Vaccaro, A. R., & Ong, A. (2013). Is pelvic obliquity related to degenerative scoliosis?. *Orthopaedic Surgery*, 5(3), 171-176.

Spine-health, & Ullrich Jr., P. (2012, January 10). Degenerative Scoliosis. Retrieved from <http://www.spine-health.com/conditions/scoliosis/degenerative-scoliosis>