

From Postural Assessment: Hands on Guide for Therapists by Jane Johnson

Why Should I Do a Postural Assessment?

One of the first questions you might ask when considering postural assessment is why you would want to do it in the first place. What's the rationale behind such an assessment? The main reasons for carrying out a postural assessment are to acquire information, save time, establish a baseline, and treat holistically. Let's take each of these points in turn.

Acquire Information

First, and most important, performing a postural assessment gives you more information about your client. Here are three examples to illustrate this point:

Example 1: Working with the general population, you have your fair share of clients suffering from back and neck pain. Many clients believe that their 'terrible posture' is due to the sedentary nature of their work, the long hours they spend slumped at a desk or driving. It would be helpful to know whether a client's pain does indeed stem from the adoption of habitual postures, or whether it might be due to something else. By distinguishing among various causes, you are more likely to be able to determine whether a change in working posture might be beneficial.

Example 2: You are treating clients who regularly engage in sport or physical activity. A 30-year old man comes to you complaining of recurring knee pain. He is a keen runner. Could his pain be aggravated by the posture of his lower limbs? Could he be flat-footed, have genu valgum or a leg length discrepancy, factors postulated to contribute to knee pain in runners? You observe your client, and his posture seems fine. Is it then more likely that his knee pain is the result of the quality or quantity of his training? Sometimes doing a postural assessment helps you rule out anatomical causes.

Example 3: Assessing a 49-year-old woman for worsening shoulder pain, you notice a decrease in shoulder muscle bulk during the postural assessment. One possible explanation for atrophy of the shoulder muscles (accompanied by a progressive decrease in range of movement) in a client with no history of trauma is adhesive capsulitis. The information you have gained from your observation has contributed to the formulation of your diagnosis, which may later be substantiated or refuted with the appropriate tests. It is important to remember that postural assessment is only one component of the assessment procedure, and that to make a diagnosis of any condition, all components of the assessment procedure need to be considered, along with current guidelines. For example, to support a diagnosis of adhesive capsulitis, you may follow guidelines such as those set out by Hanchard and colleagues (2011).

The postural assessment is also an opportunity to clarify observations about marks on the skin such as scars. Experienced clinicians know that clients sometimes forget to mention significant operations (such as appendectomies), being so used to the scar and having forgotten about the operation. Adults who received treatment for fractures in childhood may fail to mention this, either because they have forgotten about the incident or because they are not sure of its relevance to the problem they now have. Noticing



old scars and mentioning them is a good way to get extra information that in some cases proves relevant.

Save Time

A second reason for carrying out a postural assessment is that in the long run it saves time. It may reveal facts that are pertinent to the client's problem that might otherwise have taken longer to establish. The relationships among body parts are more difficult to assess when someone is lying down to receive a treatment, but suddenly become obvious when they stand. Here are two examples:

Example 1: You are a sports massage therapist treating a typist who is normally fit and healthy. She is complaining of right-side anterior shoulder pain. Performing both the standing and sitting postural assessments, you observe that your client has a considerably protracted right scapula, something you had not noticed when your client was the prone position, a position in which both scapulae naturally protract.

Example 2: Your client is an elderly man with pain in his left ankle. Observing his posture from the posterior and anterior views, you get the impression that he does not bear weight equally through his lower limbs but seems to favour his left leg despite this being the problem ankle. There is slightly more bulk in the left calf muscle, too. Upon questioning, the client recalls fracturing his right ankle as a child and admits to feeling fearful about bearing weight through this ankle. Even though the client knows the fracture is fully healed, he reports always having relied more on his left leg for support. Could this information explain the pain in the client's left ankle? Could he have an arthritic ankle, or could the pain simply be due to the accrual of stresses in the joint from increased weight bearing? The subtle increase in muscle bulk you observe on the left calf in standing is something that you may not have spotted when the client was in the prone position or when performing range of movement tests. Observing the alteration in weight bearing has provided you with a significant piece of information.

Establish a Baseline

A third reason for performing a postural assessment is that it helps you to establish a baseline - a marker by which you might judge the effectiveness of your treatment. If your client has muscular pain in the low back resulting from the position of the pelvis, and you prescribe exercises and stretches to correct this posture, you will no doubt need to reassess the client at some stage to determine whether there has been any change in the pain and whether this can be attributed to an alteration in the position of the pelvis. Many therapists use subjective feedback from the client as a benchmark measure of effectiveness. If we suspect that a problem is the result of poor posture, we need to identify whether we have made any impact (directly with massage and movement, or indirectly with prescribed exercises and stretches) on the client's upper body posture. The way to do this is to assess posture before and after the treatment intervention.

Treat Holistically

Finally, it could be argued that by including an analysis of posture as part of our assessment, we are offering a more complete service, in keeping with the idea of treating people holistically, not compartmentalising them as a bad knee, a frozen shoulder, or whiplash. We keep records of clients' state of health and physical activities, so it seems logical that we also keep a record of their posture.