Hyperkyphosis

History
- How long has the hyperkyphosis been present
- Does anything aggravate or relieve the pain
- Does the client have uncorrected vision or hearing problems

Visual Assessment
- thoracic curve is increased
- cervical lordotic curve is increased
- head forward posture
- scapulae are protracted and often winged

Specific Tests
- straight leg raise indicates an increase in hamstring length
- Pec major length indicates shortened muscle
- Pec minor length test indicates shortened muscle
- Shoulder adductor length test indicates shortened muscles

Informed Consent

Treatment
- **Supine**
- Heat on one Pec pre treatment then move to the other side
- Cool on the stretched rhomboids
- *Fascial* work on pec major including attatchments, lower anterior intercostals (abdomen uncovered)
- Effleurage, fingertip kneading, *muscle stripping and O and I* technique for pec major, pec minor, subclavious, deltoid and anterior intercostals
- The diaphram is treated using border scooping and muscle stripping Under the costal border using the clients breath
- Cover the abdomen
- Work *trigger points* in pec major, minor and serratus anterior
- Sternal attatchments of pec major are worked with fingertip kneading and fascial spreading
- Strip Pec minor Place the clients hand on the abdomen with the humerus In slight abduction. Therapists thumbs are under the lateral border of Pec Major. Get the client to depress the shoulder to contract pec minor
- effleurage and petrissage to shoulder protractors
- *Joint play* to sternoclavicular and acromioclavicular is indicated
- *rib springing*

* *PIR for clavicular portion of pec major- humerus 90 abd upper limb off table- stabilize sternum - other hand on humerus resisted horizontal add- 3times each going into more horizontal abd.*

* *PIR sternal portion of Pec major - 120 degrees -*

* *Latissimus Dorsi stretch- full forward flexion- knees flexed and lumbar pressed into table to stabilize lumbar spine -*
* *PIR pec minor- hand on abs scap free hanging- heel of hand on coracoid process - C protractsand depresses the scap*

- Effleurage, fingertip kneading and *Golgi tendon release* is used on the upper cervical muscles
- *P ROM to cervical spine*
- **Prone**- place pillows under the abdomen and ankles. Two towel roles are placed under the shoulders
- Rhythmic, Swedish techniques and *trigger point* work is used on lattissimus dorsi, serratus posterior superior, subscap and the rotator cuff muscles
- Trigger point in serratus posterior superior is found by letting the clients Arm hang off the side of the table
- Rhomb *trigger points*
- Rhomb, middle traps, and thoracic erectors are treated with stimulating Swedish techniques,

Post treatment with client

Homecare and hydro

- cool can be used on rhomboids
- heat can be used on the pecs
- Avoid maintaining 1 posture for long periods
- Client should avoid sleeping in a curled up side lying posture
- Self massage to shoulder protractors is indicated
- A lumbar support or roll for the clients chair will help maintain the normal lumbar lordosis