Functional Yoga Therapy™ Advanced Assessment and Treatment Protocol
Standing Posture Assessment - Check-Off List

	To-Do	Comments
1	**PREP CLIENT:** -shoes/socks off -pants legs above knees, if possible -hair pulled back behind ears -solid color clothing (solid black can be difficult) - virtual: clear wall, good lighting ***IN-PERSON: ALWAYS ASK PERMISSION TO TOUCH*** ***Always check in frequently with client to make sure they are comfortable.***	**- Pulsing:** ask client to lightly jump up/down and/or just move legs/arms and then come to standing naturally. **- Observe body from front, then back, then sides.** **- Note: you can also have client send you photos taken ahead of time, and you can evaluate them prior to session; then just clarify things you need more information on.**
2	**BEGIN WITH THE FEET:** **Front:** Feet turn in/out; arches dropping. **Back:** Achilles dropping in (eversion)/out (inversion) **Side:** stands in whole foot or more into heels or more into toes (gripping toes)	**Virtual:** you may need to have client move camera very close to be able to see the different views of the feet, especially the arches. **In Person:** can slide your index finger under client's arch on both feet to see if one is more lifted than the other.
3	**KNEES/THIGHS/HIPS:** **Front:** knees bow out/knock in; check for tibial torsion (knees point forward/feet turn out); muscle mass of legs even/uneven; whole legs turn out or in – symmetry/asymmetry **Back**: Knees bow out/knock in; crease at bottom of glutes – symmetrical both sides or uneven. **Side:** Hyperextended knees (you can also doublecheck by asking client to sit on floor, extend legs out and strongly dorsiflex feet towards face. If heels lift off floor by 2 inches or more = hyperextension). Flexed knees – can indicated tight hamstrings or post total knee replacement.	**Tibial torsion:** would need to be diagnosed by PT or MD. Knees facing forward and one or both feet are turned in or out. This is often a torsion of the tibia or the femur bone. **TX**: Give client permission to turn feet in whatever way keeps the kneecaps pointing forward when standing/walking. **Hip External/Internal rotation:** Whole leg is seen to turn out or in. Can sometimes indicate a rotation in the ilia.
4	**PELVIC/HIP HEIGHTS:** **Front:** symmetry/asymmetry of sides; side waist check – is one side more "bunched/shorter" than other side **Back:** Confirm one waist being shorter than other. **Side:** 1. Check ASIS to PSIS – note if ASIS is dropping/pointing downwards in relationship to posterior iliac crest. Check both sides.	**Checking hip heights front:** 1.Client places hands on sides of iliac crests, palms flat and pointing down. 2.Client places index fingers or stickie dot on ASIS points – do they look even/uneven. 3.Does client report one hip feels more forward of the other.

		Side View: Client places fingertip or stickie dot on ASIS **Front or Back:** Asymmetry of side waist 1.Quadratus Lumborum (QL) tight, will elevate ilia on same side. 2.Check for scoliosis also.
5	**TORSO:** **Front:** Note length of the arms. Does one appear to hang lower? Is one arm further away from body than other? Are palms turned forward? Carrying angles; is one side greater than other? **Back:** Note lateral curvature in the spine (scoliosis). **Side:** 1. Check for **hyper**lordosis & **hypo**lordosis. 2. Note if chest appears sunken, inflated or balanced? Are low ribs protruding forward? 3.Check tone of abdomen & arch of spine. 4. Kyphosis – Upper thoracic overly curved. 5. Does spine appear to have normal curves, or is it flat (where: lumbar, thoracic, cervical)	**Front or Back:** One arm longer might be shoulder/scapula issue and/or scoliosis.2. One arm further away from side body might be scoliosis. 3. Palms turned inward or backward might be internal rotation of shoulder joint. **Check Carrying angles:** can be done standing or lying supine. **Back:** Lateral Curvature of spine - You can determine the direction of the thoracic curve most easily in a standing forward bend (Adams Test). The side of the convexity shows a rib hump because they are rotating posteriorly due to articulation to vertebrae. **Side:** There should be a mild lordosis showing curve of lumbar. See above check ASIS to PSIS.
6	**SHOULDERS/SCAPULA:** **Front:** Are tops of shoulders equal/imbalanced? **Back:** Are scapula winging (one or both) **Side:** Are shoulders internally rotated, in plumb line with ear, or propped back.	**Front:** Often, dominant side is slightly elevated. **Back:** scapula; look to inferior tips and medial edge for winging. Is one scapula pulled further away from centerline. **Side**: Internal rotation often pairs with forward head and sunken chest.
7	**NECK/HEAD:** **Front:** Centered or Head tilt **Back:** Centered or Head tilt **Side:** 1. Forward head – ear forward of side shoulder. 2. Head propped back – flatted cervical curve. 3. Head tilting up/down or none.	**Front or Back:** Head tilt can indicate a scoliosis in the cervical spine, shoulder issues, or TMJ. **Side:** For every 1-inch forward = extra 10 pounds of pressure on cervical spine.
8	**Note overall PLUMB LINES of body:** **Front:** **Back:** **Side:**	
9	**OTHER:** - No two people are the same.	A person's structure can be affected by physical, mental, emotional issues. Stay away from term "abnormal."