

## SET TALK

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MM003717

(Massage Message, July-August 2016)

### Structural Component to Successful Treatment of Kyphosis and Dowager's Hump

You have probably seen clients in your massage practice who have kyphosis and dowager's humps. These are often associated with pain, limited range of motion, and the head, neck and shoulders pulled forward and down. I have seen many clients with kyphosis and dowager's humps who have seen other massage therapists and have noticed that their conditions have actually gotten worse rather than improved. Upon investigation I discovered that the focus was on relieving symptoms in the tops of the shoulders and back of the neck instead of addressing the cause of these structural abnormalities and imbalances. It became obvious that massage therapists did not fully understand the cause of kyphosis and dowager's hump or how to effectively treat them.

Let's look at the causes for these conditions. First is the full body structure. Oftentimes we only look at the thorax, shoulders and neck. However, it is important to understand how the legs, pelvis and low back influence what takes place in the neck and shoulders. The torsion spiral called the core distortion leads to structural imbalance in the neck and shoulders. The imbalance in the pelvis with the rotated iliums and tipped sacrum create an uneven base for the spine causing exaggerated curvatures the entire length of the spine. The greater the imbalance in the pelvis, the greater the imbalance in the rest of the spine including the neck and shoulders. Once you see the relationship of kyphosis and dowager's hump to what takes place in the pelvis you start to understand some of the solutions.

The core distortion creates a left anterior/right posterior rotation of the iliums which causes the top of the sacrum to rotate slightly forward and down to the left with the tailbone angling towards the right. The left anteriorly rotated ilium creates a functional long leg on the left side and the right posteriorly rotated ilium creates a functional short leg on the right. Massage techniques that initiate balancing of the pelvis is the first step for long term relief for kyphosis and dowager's hump. Otherwise, as soon as clients become weight bearing (standing) their bodies will be pulled back into the same imbalanced structure that created the curvatures in the neck and shoulders (kyphosis and dowager's hump). So the first order of treatment is to bring the pelvis into balance which will provide weight bearing support for the sacrum and support for the neck and shoulders.

Next, when we examine the thoracic spine we find that the curvatures from the core distortion result in the whole thoracic area being tipped down and forward to the right. This usually results in the right shoulder rotating medially and down. The left shoulder will be medially rotated but not as much as the right. It will also usually be higher than the right if we measure the superior angles of both scapulas. This imbalance and pulling forward of the shoulders pulls the neck and head forward and down. The **kyphosis** is formed when these curvatures and imbalances increase significantly. In order to see straight ahead people will shorten the back of the neck to raise the head up. This creates a break where the thoracic spine that is curved forward meets the cervical spine that is pulled backward by the tightened muscles in the back of the neck that are raising the head up. This creates the formation of the **dowager's hump**.

Having this insight into the formation and structure of kyphosis and dowager's hump we can understand the need to treat structure first. When massage therapists just treat the tops of the shoulders and back of the neck, i.e. the rhomboids, trapezius, supraspinatus, splenius capitus, erector spinae to name a few, they are treating the muscles that are compensating for the curvatures. The muscles that need to be treated first are the ones that hold the thoracic rotation to the right and forward, then the muscles holding the medially rotated shoulders, followed by the anterior neck muscles that are pulling down and forward. Treating these muscles first helps to bring more support and balance to the structure which then releases the compensation in the muscles in the back of the neck and top of the shoulders. Now treating the top of the shoulders and back of the neck can achieve more long term results.

A couple of case histories will illustrate how this works and its effectiveness.

**Martha**, a 64 year old massage therapist, came for treatment for her neck and shoulders. After doing massage therapy for 20 years she had developed chronic pain that was forcing her to retire. Structural evaluation revealed a significant kyphosis and evidence of the core distortion with significant rotation of the iliums - the left being anterior the right being posterior, tipping of the sacrum, a functional long left leg, and functional short right leg. Her thoracic was pulled down and to the right, both shoulders were medially rotated with the right being more medial and pulled down, and her neck was pulled to the right with a significant shortening in the back of her neck. Her chiropractic diagnosis was kyphosis and she received chiropractic treatments for a year with no significant results. She had also received multiple massages from both neuromuscular and deep tissue therapists, again with limited results, and she

noticed an increase in the kyphosis after her massage treatments. I first applied the Cranial/Structural Core Distortion Releases (CSCDR) which dramatically reduced the core distortion throughout her body. Most importantly it brought the sacrum/ilium relationship into support and initiated leveling support for the spine. With the iliums less rotated the functional long / short legs were less. In addition the rib cage was not twisted to the right and pulled down as much, and the shoulders were less medially rotated. This resulted in her neck not being as far forward and her head being more level. After the CSCDR application the soft tissue began to unwind on its own.

The soft tissue protocol that was applied in the first three sessions brought more balance to the pelvis and raised the ribcage. She was already experiencing less pain and standing straighter with less evidence of a kyphosis. The third session was a head/neck/shoulder soft tissue session to move the neck back and lengthen the back of the neck. The fourth session was a thoracic session treating the anterior thoracic muscles and abdomen first and then the posterior thoracic muscles, shoulders and neck. After this session Martha's kyphosis was dramatically reduced and so were her symptoms. She continued to have treatments over the next three months, and we alternated treatment to the area of the most need. At the end of treatment she was again able to continue her massage therapy practice pain free and her kyphosis was gone.

**Ginny**, was a 33 year old mother of three who had already developed a dowager's hump. She was slightly overweight and, according to her, "God had cursed her with oversized breasts". She had noticed the dowager's hump developing after the birth of her second child and by the time her third child was a year old it was rather significant. She was also experiencing significant low back pain which had developed after delivery of her second child.

Structural evaluation revealed the core distortion with the anterior rotation of the left ilium, posterior rotation of the right ilium, sacrum tipped down and to the left, exaggerated spinal curvatures and functional long leg/short leg. Her thoracic was pulled down and forward with a medial rotation of both shoulders, more on the right than the left, and head and neck pulled forward with significant shortening in the back of the neck.

Ginny's condition was very similar to Martha's. Her first treatment was CSCDR to get immediate structural improvement, followed by a pelvic balancing soft tissue protocol to bring more balance to her low back and address the back pain. The same soft tissue protocol was applied in the next two sessions. Ginny noted

improvements with all three sessions. The fourth session was a head/neck/shoulder soft tissue session to move the neck back and lengthen the back of the neck. Ginny noticed an immediate change with her dowager's hump. We then treated her thoracic and anterior shoulders to further release her shoulders back and take the pressure off the back of her shoulders. As her rib cage came up and her shoulders went back she had additional support for her breast tissue. This also resulted in further diminishing her dowager's hump. Ginny had five more sessions alternating between the pelvis, head/neck/shoulders and thoracic area. Ginny was pain free, able to maintain structural balance, and she no longer had a significant dowager's hump.

Understanding structure and the conditions created by its imbalances, and then having effective methods of creating structural balance and protocols for releasing soft tissue are all extremely effective when treating kyphosis and dowagers hump.

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