

Guidelines for Postural Assessment

Key points to be considered

- Ensure the client is standing still with their feet facing forward placed under their hip joints, arms relaxed and eyes gazing directly forwards
- Ask the client to stand in an unforced manner to ensure that their natural standing posture is revealed
- Evaluate the client from all three views: lateral, anterior and posterior view
- The instructor should have his or her eye level at the same level of the area being evaluated
- If permission has been granted from the client, the instructor may use appropriate touch to palpate bony landmarks; this may assist with determining alignment and identifying any discrepancies between the right and left sides of the body

Lateral View:

Imagine a perpendicular line from the sky to the ground passing through the midline of the body. It should bisect the following points:

- External auditory meatus (ear canal)
- Acromioclavicular joint
- Greater trochanter
- The patellofemoral joint
- Slightly anterior to the lateral malleolus

Check the curvatures of the spine for kyphosis and lordosis.

An anterior pelvic tilt of approximately five (5) to ten (10) degrees is considered within the normal range.

Anterior View

Imagine a perpendicular line from the sky to the ground that equally bisects the right and left halves of the body to assess the following:

- Carriage and alignment of the head
- Acromion levels
- Symmetry of the clavicles
- Internal or external rotation of the glenohumeral joint
- Carrying angles of the elbows
- Arm distances from the side of the body
- Level of the fingertips
- Height of the anterior superior iliac spines (ASIS)
- Greater trochanter levels

- Height and directional placement of the patellae
- Distance between the knees
- Valgus (inward facing) or varus (outward facing) alignment of the elbows, hips, knees and ankles
- Lateral malleolus levels and orientation
- Pronation or supination of the ankles and feet

Check for unilateral asymmetries in skeletal landmarks and in paired muscle groups (e.g. trapezius, deltoids, biceps, erector spinae, gluteal muscles, quadriceps, hamstrings, gastrocnemius).

Assess the spinous processes for lateral spinal curvatures which may indicate possible scoliosis (the 'Standing Roll Down' should evidence any lateral displacements)

Posterior View

Imagine a perpendicular line from the sky to the ground that equally bisects the right and left halves of the body to assess the following:

- Carriage and alignment of the head
- Acromion levels
- Symmetry of the scapulae
- Height of the inferior tips of the scapulae
- Internal or external rotation of the glenohumeral joint
- Carrying angles of the elbows
- Arm distances from the side of the body
- Level of the fingertips
- Height of the posterior superior iliac spines (PSIS)
- Greater trochanter levels
- Height of the popliteal fossa
- Distance between the knees
- Valgus (inward facing) or varus (outward facing) alignment of the elbows, hips, knees and ankles
- Lateral malleolus levels and orientation
- Pronation or supination of the ankles and feet

Check for unilateral asymmetries in skeletal landmarks and in paired muscle groups (e.g. trapezius, deltoids, biceps, erector spinae, gluteal muscles, quadriceps, hamstrings, gastrocnemius).

Assess the spinous processes for lateral spinal curvatures which may indicate possible scoliosis (the 'Standing Roll Down' should evidence any lateral displacements).